2008 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2008 Jan 18, 2008 08:00 AM Secretary of State **DOCUMENT # A29025 GOLDEN SHORELINE LIMITED PARTNERSHIP** Mailing Address Principal Place of Business 45 N 4TH ST **45 N 4TH ST** SUITE 200 SUITE 200 COLUMBUS, OH 43215 COLUMBUS, OH 43215 01072008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 31-1281393 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE H. B. SHOWE BUILDERS OF FLORIDA, INC. C/O DAVID N. SEXTON 1167 THIRD STREET SOUTH IN THIS SPACE NAPLES, FL 33940-7098 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. U000007<u>2</u>9746- Signature, typed or printed name of registered agent and title if applicable IJ1/23/08-8ÖÒO5-022-500.00 FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION 12. P26557 DOCUMENT # SHOWE BUILDERS, INC. NAME STREET ADDRESS 45 N. 4TH ST., STE. 200 COLUMBUS, OH 43215 CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STRUET ADDRESS CITY-S1-ZIP DOCUMENT # NAME STRUET ADDRESS CITY- S1-ZIP DOCUMENT # NAML

14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and applied and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: 9

STREET ADDRESS CITY-ST-ZIP

SHICK SHICK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #