

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001110**

1. Entity Name
GOLDEN EQUITY, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00-AUG 28 AM 10:02

Principal Place of Business
777 17TH STREET, PENTHOUSE
MIAMI BEACH FL 33139

Mailing Address
777 17TH STREET, PENTHOUSE
MIAMI BEACH FL 33139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16916 NE Miami Gardens Dr
Suite, Apt. #, etc.
2nd Floor

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
North Miami Beach, FL
Zip
33179
Country
USA

City & State
Zip
Country

4. FEI Number
65-0833541

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MARCUS, ALAN J
20803 BISCAYNE BLVD., SUITE 301
NORTH MIAMI BEACH FL 33180

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$100.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	L98000000565
NAME	SILVER EQUITY, LLC
STREET ADDRESS	777 17TH STREET, PENTHOUSE
CITY-ST-ZIP	MIAMI BEACH FL 33139
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	16916 NE Miami Gardens Drive
CITY-ST-ZIP	North Miami Beach, FL 33179
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	200003380382--4
CITY-ST-ZIP	-09/01/00--01069--014
STREET ADDRESS	***541.25 ***541.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **8.18.00** (305)947-1664
Daytime Phone #

CR2E003 (5/00)