

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JAN 11 PM 8 34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. **DOCUMENT #**
B97000000680

GOLDEN WEST LIMITED PARTNERSHIP

Mailing Address

448 VIKING DRIVE SUITE 220
VIRGINIA BEACH VA 23452

Principal Office Address

448 VIKING DRIVE SUITE 220
VIRGINIA BEACH VA 23452

2. Mailing Address

Suite, Apt. #, etc

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc

City & State

Zip Country

3. Date Formed or Registered

12/16/1997

3a. Date of Last Report

01/20/1998

4. State or Country of Formation

VA

6. FEI Number

54-1823322

7. Certificate of Status Desired

\$8.75 Annual Fee Required
 Applied For
 Not Applicable

8. Mailing charges payable to Dept. of State (See reverse side for information)

10. If changed, new Registered Agent/Office *Ans*

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Ans
1/27

FL | Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

GOLDEN WEST, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

448 VIKING DRIVE, SUI

11b. City, State & Zip Code

VIRGINIA BEACH VA 234

11c. Registration Document Number

F97000006651

701010270621 ST-1
-02/02/99--01073--013
****535.00 ****535.00

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption status in Section 119.07(3)(j), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2EM03 (9/98)