


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 09, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # B97000000680 |  |
| 1. Entity Name GOLDEN WEST LIMITED PARTNERSHIP | |

| | |
|--|--|
| Principal Place of Business 448 VIKING DRIVE, SUITE 220 VIRGINIA BEACH, VA 23452 | Mailing Address 448 VIKING DRIVE, SUITE 220 VIRGINIA BEACH, VA 23452 |
|--|--|



01032007 No Chg-LP CR2E003 (12/06)

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| | |
|---|---------------------------------------|
| 4. FEI Number 54-1823322 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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.

| 12. GENERAL PARTNER INFORMATION | |
|---------------------------------|-----------------------------|
| DOCUMENT # | F97000006651 |
| NAME | GOLDEN WEST, INC. |
| STREET ADDRESS | 448 VIKING DRIVE, SUITE 220 |
| CITY-ST-ZIP | VIRGINIA BEACH, VA 23452 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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U00000629498
 02/19/07-80004-009 500.00

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing 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 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:  Date: 2/8/07 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER