

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT


Due By May 1, 2005

FILED

2005 MAY -9 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # A99000000234					
1. Entity Name GOFINK, LTD.					
Principal Place of Business 300 SE 2ND STREET FORT LAUDERDALE, FL 33301			Mailing Address 300 SE 2ND STREET FORT LAUDERDALE, FL 33301		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0899145 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			7. Name and Address of New Registered Agent		
JONES, PATRICIA 300 SE 2ND STREET FORT LAUDERDALE, FL 33301			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. 727,541.74			10. Amount of Capital Contributions in FLORIDA to date. 727,541.74		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P99000013040		STREET ADDRESS		
NAME	GOFINK, INC.		CITY-ST-ZIP	100054200041	
STREET ADDRESS	300 SE 2ND STREET			05/10/05-01012-020 **526.25	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		STREET ADDRESS		
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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: <u>Terry W. Stiles</u> <u>Terry W. Stiles</u> #625/05 954-627-9300					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #					

STAPLE CHECK HERE