

2001 UNIFORM BUSINESS REPORT (UBR)

0010890 AF

DOCUMENT # A00000000622

1. Entity Name

GOLDEN GATE CAPITAL, LTD.

FILED

01 MAY 31 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5395
~~5405~~ PARK CENTRAL COURT
NAPLES FL 34109

Mailing Address
5395
~~5405~~ PARK CENTRAL COURT
NAPLES FL 34109

2. Principal Place of Business
5395 Park Central Ct

3. Mailing Address
5395 Park Central Ct

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
59-3638231

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PARRISH, JON D~~
~~% PARRISH, WHITE, LAWHON & MOORE, P.A.~~
~~2171 PINE RIDGE ROAD, STE. D~~
~~NAPLES FL 34109~~

Name
James G. O'Gara

Street Address (P.O. Box Number is Not Acceptable)
2344 Broadwing Ct

City
Naples FL Zip Code
34105

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 *James G. O'Gara* President *Marquette Development Co. General Partner* DATE **5/15/01**

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. **\$25,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **22,364**

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			13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	
		CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	
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		CITY-ST-ZIP	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: *James G. O'Gara*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/15/01 (941) 593-1100

Date Daytime Phone #

CR2E003 (11/00)