
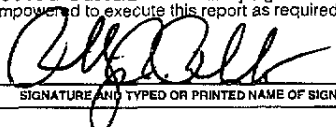


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
May 05, 2005 08:00 AM
Secretary of State**

DOCUMENT # A00000001129			
1. Entity Name GOLDFINGER WORLDWIDE LIMITED PARTNERSHIP			
Principal Place of Business 1322 ALCYON CT. CARLSBAD, CA 92009		Mailing Address 1322 ALCYON CT. CARLSBAD, CA 92009	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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	
Signature, typed or printed name of registered agent and title if applicable.			
9. Capital Contributions as Shown on record. \$900.00		10. Amount of Capital Contributions in FLORIDA to date. \$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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P00000068849	STREET ADDRESS	
NAME	GOLDFINGER WORLDWIDE MANAGEMENT INC	CITY - ST - ZIP	
STREET ADDRESS	1322 ALCYON CT.		
CITY - ST - ZIP	CARLSBAD, CA 92009		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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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: 		Philip R. Pawlino	
		4-18-05 760.570.8800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Day/Time Phone #	



01222005 Chg-LP CR2E003 (10/03)

4. FEI Number 91-2058130 Applied For Not Applicable

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

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