
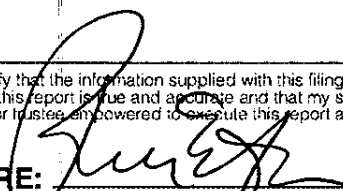


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

<b>DOCUMENT # A01592</b>			
1. Entity Name <b>GOLDEN APPLE COMPANY, LTD.</b>			
Principal Place of Business <b>25 N. PINEAPPLE AVE. SARASOTA, FL 34236</b>		Mailing Address <b>25 N. PINEAPPLE AVE. SARASOTA, FL 34236</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		06012004 Chg-LP CR2E003 (10/03)	
4. FEI Number <b>59-1374385</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>TUROFF, ROBERT E 25 NORTH PINEAPPLE AVENUE SARASOTA, FL 34236</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. <b>\$100,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
<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 #	TUROFF, ROBERT E	STREET ADDRESS	
NAME	25 N. PINEAPPLE AVENUE	CITY-ST-ZIP	
STREET ADDRESS	SARASOTA, FL 34236		
CITY-ST-ZIP			
DOCUMENT #	370319	STREET ADDRESS	<b>600037840756</b>
NAME	THREE ARTS PRODUCTION	CITY-ST-ZIP	<b>06/10/04--01013--002 **526.25</b>
STREET ADDRESS	25 N. PINEAPPLE AVENUE		
CITY-ST-ZIP	SARASOTA, FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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: 		Robert E. Turoff 6/1/04 991-366-2646	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

**FILED**

2004 JUN -8 P 3:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



STAPLE CHECK HERE