

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

**Due By September 7, 2005**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL -5 AM 11:04

**DOCUMENT # A01592**

1. Entity Name  
**GOLDEN APPLE COMPANY, LTD.**



Principal Place of Business  
**25 N. PINEAPPLE AVE.  
SARASOTA, FL 34236**

Mailing Address  
**25 N. PINEAPPLE AVE.  
SARASOTA, FL 34236**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06302005

Chg-LP

CR2E003 (10/03)

4. FEI Number

**59-1374385**

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

**TUROFF, ROBERT E  
25 NORTH PINEAPPLE AVENUE  
SARASOTA, FL 34236**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**\$100,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,  
the limited partnership did not receive the  
prior notice.

**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  
CITY - ST - ZIP

**TUROFF, ROBERT E  
25 N. PINEAPPLE AVENUE  
SARASOTA, FL 34236**

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**370319  
THREE ARTS PRODUCTION  
25 N. PINEAPPLE AVENUE  
SARASOTA, FL**

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

**000057424320  
07/13/05--01054--016 \*\*526.25**

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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:

*Robert E. Turoff*

**ROBERT E. TUROFF**

**6/30/05**

**941-366-3646**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE