

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
May 02, 2007 08:00 AM
Secretary of State

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**



04302007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1374385	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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.

U000000756489
05/23/07-00024-001 500.00
DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$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

DOCUMENT #	
NAME	TUROFF, ROBERT E
STREET ADDRESS	25 N. PINEAPPLE AVENUE
CITY-ST-ZIP	SARASOTA, FL 34236

DOCUMENT #	370319
NAME	THREE ARTS PRODUCTION
STREET ADDRESS	25 N. PINEAPPLE AVENUE
CITY-ST-ZIP	SARASOTA, FL

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/30/07

941-366-2676

STAPLE CHECK HERE