

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 28, 2008 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**



04252008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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

**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

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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

STREET ADDRESS

CITY-ST-ZIP

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

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

000000930899
05/21/08-80129-001 500.00

**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

4/25/08

Date

941-366-2646

Daytime Phone #

STAPLE CHECK HERE