2007 LIMITED: PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A02000000394

1. Entity Name

12.

DOCUMENT /

GOLDING UNITED FISHHAWK II. LTD.



Principal Place of Business Mailing Address

27001 U.S. HIGHWAY 19, SUITE 2095 CLEARWATER, FL 33761

27001 U.S. HIGHWAY 19, SUITE 2095 CLEARWATER, FL 33761 FILED Apr 13, 2007 08:00 All Secretary of State



02192007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 57-1159763

Applied For Not Applicable

5. Certificate of Status Desired

X

DATE

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

GOLDING UNITED FISHHAWK II, INC. 27001 U.S. HIGHWAY 19, SUITE 2095 CLEARWATER, FL 33761

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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.
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FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00

GENERAL PARTNER INFORMATION

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.

NAME GOLDING UNITED FISHHAWK II. INC. STREET ADDRESS 27001 U.S. HIGHWAY 19, SUITE 2095 CITY-ST-ZIP CLEARWATER, FL 33761 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-7IP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZiP

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000000706434 04/24/07-80032-015 508.75

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

Loren M Pollack

3/19/07

727 796-1077

Date

Daytime Phone #