

2002 UNIFORM BUSINESS REPORT (UBR)

0004375 AV

DOCUMENT # A10749

FILED

02 MAR 18 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH



1. Entity Name
GOLDEN TRIANGLE ASSOCIATES, LTD.

Principal Place of Business 4300 W. CYPRESS ST., STE. 150 TAMPA FL 33607	Mailing Address 4300 W. CYPRESS ST., STE. 150 TAMPA FL 33607
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2428325	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent
STEINER, NELSON C.
4300 W. CYPRESS ST., STE. 150
TAMPA FL 33607

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$100.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	ECKHOUSE, TOD B.
STREET ADDRESS	2861 EXECUTIVE DRIVE
CITY-ST-ZIP	CLEARWATER FL
DOCUMENT #	
NAME	GALLANT, MICHAEL
STREET ADDRESS	1515 22ND AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG FL
DOCUMENT #	
NAME	GAYNOR, JOSEPH W.
STREET ADDRESS	150 SECOND AVE NORTH
CITY-ST-ZIP	ST. PETERSBURG FL
DOCUMENT #	
NAME	ILLEL, JAIME
STREET ADDRESS	3452 5TH AVE NORTH
CITY-ST-ZIP	ST. PETERSBURG FL
DOCUMENT #	
NAME	KAHLER, JAN R.
STREET ADDRESS	4325 E. BAY DR #101
CITY-ST-ZIP	CLEARWATER FL
DOCUMENT #	
NAME	KELLER, BRIAN
STREET ADDRESS	24771 U.S. HWY 19 NORTH
CITY-ST-ZIP	CLEARWATER FL

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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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: **NELSON C. STEINER** **(813) 350 9399**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (9/01)