


2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # A15174 1. Entity Name GOLDEN RIVER, LTD.	
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Principal Place of Business POST OFFICE BOX 1908 PANAMA CITY FL 32402	Mailing Address POST OFFICE BOX 1908 PANAMA CITY FL 32402
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE

CR2E003 (10/05)

4. FEI Number 59-2301244	Applied For Not Applicable
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6. Name and Address of Current Registered Agent LAIRD, WALLACE H. JR. 719 RADCLIFF AVE. LYNN HAVEN FL 32444	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE Wallace H. Laird Jr DATE 4-21-06
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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	
	LAIRD, WALLACE H., JR.	CITY-ST-ZIP	
STREET ADDRESS	719 RADCLIFF		
CITY-ST-ZIP	LYNN HAVEN FL 32444		
DOCUMENT #	NAME	STREET ADDRESS	
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05/06/06-80067-022 500.00

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: Wallace H. Laird Jr 4-21-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE