


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Jul 16, 2004 08:00 AM
Secretary of State

DOCUMENT # A21150 1. Entity Name GOLDEN HOST PARTNERS, LTD.					
Principal Place of Business 1491 2ND STREET, SUITE B SARASOTA, FL 34236			Mailing Address 1491 2ND STREET, SUITE B SARASOTA, FL 34236		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2612130	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSTON, DAVID W. 1621 MEMORY LANE SARASOTA, FL 34231				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$420,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.					
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	
NAME	JOHNSTON, DAVID W. TRUST			CITY-ST-ZIP	
STREET ADDRESS	1621 MEMORY LANE				
CITY-ST-ZIP	SARASOTA, FL				
DOCUMENT #	NAME			STREET ADDRESS	
NAME	WILLIAM D. JOHNSTON FAMI			CITY-ST-ZIP	
STREET ADDRESS	539-45TH ST.				
CITY-ST-ZIP	SARASOTA, FL				
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07012004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2612130 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

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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: *William D Johnston* GP William D Johnston 6-30-04 941-366-3159