

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A21150

1. Entity Name
GOLDEN HOST PARTNERS, LTD.



Principal Place of Business Mailing Address
1491 2ND STREET, SUITE B 1491 2ND STREET, SUITE B
SARASOTA, FL 34236 SARASOTA, FL 34236

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03112005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2612130 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSTON, DAVID W.
1621 MEMORY LANE
SARASOTA, FL 34231

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. 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

9. Capital Contributions as Shown on record. \$420,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$420,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME JOHNSTON, DAVID W. TRUST
STREET ADDRESS 1621 MEMORY LANE
CITY-ST-ZIP SARASOTA, FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME WILLIAM D. JOHNSTON FAMI
STREET ADDRESS 539-45TH ST.
CITY-ST-ZIP SARASOTA, FL

STREET ADDRESS

CITY-ST-ZIP

2032 ARLINGTON ST
SARASOTA, FL 34239

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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: *David W. Johnston* David W. JOHNSTON 3/1/05 941-360-3159