


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 17, 2006 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**

**DO NOT WRITE IN THIS SPACE**



04052006 No Chg-LP      CR2E003 (11/05)

4. FEI Number <b>59-2612130</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**JOHNSTON, DAVID W.**  
**1621 MEMORY LANE**  
**SARASOTA, FL 34231**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>JOHNSTON, DAVID W. TRUST</b> <b>1621 MEMORY LANE</b> <b>SARASOTA, FL</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>WILLIAM D. JOHNSTON FAMI</b> <b>539-45TH ST.</b> <b>SARASOTA, FL</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE IN THIS SPACE**

U00000515244  
 04/29/06-80202-014 508.75

STAPLE CHECK HERE

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: *David Johnston*      4-14-2006      \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #