

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR 27 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02012007 Chg-LP CR2E003 (12/06)

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
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2. Principal Place of Business - No P.O. Box # 1621 MEMORY LANE	3. Mailing Address 1621 MEMORY LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SARASOTA, FLORIDA	City & State SARASOTA, FLORIDA
Zip 34231	Zip 34231
Country SARASOTA	Country SARASOTA

6. Name and Address of Current Registered Agent JOHNSTON, DAVID W. 1621 MEMORY LANE SARASOTA, FL 34231	
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4. FEI Number 59-2612130	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>David W. Johnston</i>	DATE <i>3/12/07</i>

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00	
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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.	
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12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
	JOHNSTON, DAVID W. TRUST		
STREET ADDRESS	1621 MEMORY LANE	CITY-ST-ZIP	
CITY-ST-ZIP	SARASOTA, FL		
DOCUMENT #	NAME	STREET ADDRESS	
	WILLIAM D. JOHNSTON FAMI		
STREET ADDRESS	539 45TH ST.	CITY-ST-ZIP	
CITY-ST-ZIP	SARASOTA, FL		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

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	
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SIGNATURE: <i>William D. Johnston</i>	DATE: <i>3-14-2007</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Daytime Phone #

STAPLE CHECK HERE