

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A31105

1. Entity Name
GOLDING FAMILY LIMITED PARTNERSHIP, LTD.



FILED
2004 APR 26 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1475 W. CYPRESS CREEK ROAD
SUITE 204
FT. LAUDERDALE, FL 33309

Mailing Address
1475 W. CYPRESS CREEK ROAD
SUITE 204
FT. LAUDERDALE, FL 33309

2. Principal Place of Business
1000 N.W. 65TH. ST.

Suite, Apt. #, etc.
SUITE 200

City & State
FT. LAUDERDALE, FL. 33309

Zip

Country

3. Mailing Address
1000 N.W. 65TH. ST.

Suite, Apt. #, etc.
SUITE 200

City & State
FT. LAUDERDALE, FL. 33309

Zip

Country

04072004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0241432

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THIRER, MARTIN
1475 W. CYPRESS CREEK ROAD
SUITE 204
FT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1000 N.W. 65TH. ST. SUITE 200
FT. LAUDERDALE, FL. 33309
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions
as Shown on record. **\$14,950.00**

10. Amount of Capital Contributions
in FLORIDA to date.

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 # **K61558**
NAME **SMG MANAGEMENT COMPANY**
STREET ADDRESS **1475 W. CYPRESS CREEK ROAD, SUITE 204**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33309**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **1000 N.W. 65TH. ST. SUITE 200**
CITY-ST-ZIP **FT. LAUDERDALE, FL. 33309**

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NAME
STREET ADDRESS
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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: **4/22/2004** **954-772-7878**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

DEENA G. GOLDING, VICE PRESIDENT GENERAL PARTNER SMG MANAGEMENT COMPANY

STAPLE CHECK HERE