

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 26 PM 12: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A31105	
1. Entity Name GOLDING FAMILY LIMITED PARTNERSHIP, LTD.	



04132005 Chg-LP CR2E003 (10/03)

Principal Place of Business 1000 N.W. 65TH ST. SUITE 200 FT. LAUDERDALE, FL 33309	Mailing Address 1000 N.W. 65TH ST. SUITE 200 FT. LAUDERDALE, FL 33309
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2. Principal Place of Business 2950 W. CYPRESS CREEK ROAD Suite, Apt. #, etc. SUITE 102 City & State FT. LAUDERDALE, FL Zip 33309 Country USA	3. Mailing Address 2950 W. CYPRESS CREEK ROAD Suite, Apt. #, etc. SUITE 102 City & State FT. LAUDERDALE, FL Zip 33309 Country USA
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6. Name and Address of Current Registered Agent THIRER, MARTIN 1000 N.W. 65TH ST. SUITE 200 FT. LAUDERDALE, FL 33309	
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4. FEI Number 65-0241432	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 2950 W. CYPRESS CREEK ROAD, SUITE 102	
City FT. LAUDERDALE	Zip Code FL 33309

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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9. Capital Contributions as Shown on record. \$14,950.00	10. Amount of Capital Contributions in FLORIDA to date.
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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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # K61558	NAME SMG MANAGEMENT COMPANY	STREET ADDRESS 2950 W. CYPRESS CREEK ROAD, #102	
STREET ADDRESS 1000 N.W. 65TH ST., STE. 200		CITY-ST-ZIP FT. LAUDERDALE, FL. 33309	
CITY-ST-ZIP FT. LAUDERDALE, FL 33309			
DOCUMENT #	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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	4/20/05 <small>Date</small>	954-545-6070 <small>Daytime Phone #</small>
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STEPHEN M. GOLDING

STAPLE CHECK HERE