

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 29 AM 9:33



1. Name of Limited Partnership

1a. DOCUMENT #
A31116

STEPHEN M. GOLDING COMPANY LIMITED PARTNERSHIP

Mailing Address

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

Principal Office Address

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

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Formed or Registered

01/18/1991

3a. Date of Last Report

01/06/1997

4. State or Country of Formation

FL

6. FEI Number

65-0242062

7. Certificate of Status Desired

8. Make check payable to: Dept. of State (See reverse side for fee information)

5a. Capital Contributions as Shown on record.

\$100.00

5b. Amount of Capital Contributions in FLORIDA to date:

\$100.00

☐ Applied For
☐ Not Applicable

☐ \$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent

GOLDING, STEPHEN M.
1475 W. CYPRESS CREEK RD.
SUITE 204
FT. LAUDERDALE FL 33309

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

SMG MANAGEMENT COMPANY

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

1475 W. CYPRESS CREEK

11b. City, State & Zip Code

FT. LAUDERDALE FL 333

11c. Registration/Document Number

K61558

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****156.25 ****156.25

KVM

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

DATE 12-23-97

Typed or Printed Name of General Partner Signing Form

Stephen M. Golding, President

Daytime Telephone Number 954-772-7878

CR2E003 (6/97)