≠ 2 0 00	UNIFORM BUS	INESS REPO	RT (UBR)	_	
DOCUMENT # A31116					N
1. Entity Name STEPHEN M. GOLDING COMPANY LIMITED PARTNERSHIP				FILED SECRETARY OF DIVISION OF CORPU	STATE SRATIONS
Principal Place of Business Mailing Address 1475 W. CYPRESS CREEK ROAD 1475 W. CYPRESS CREEK SUITE 204 SUITE 204				00 APR 27 AM	3: 05
FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309			09-1931		
Principal Place of Business 3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT W	RITE IN THIS SPACE
City & State		City & State		4. FEI Number 65-02420	Applied For Not Applicable
Zip	Country	2ip	Country	5. Certificate of Status Desire	V Fee Required
6. Name and Address of Current Registered Agent			Name	7. Name and Address of Ne	w Registered Agent
GOLDING, STEPHEN M. 1475 W. CYPRESS CREEK RD.			Street Addres	s (P.O. Box Number is Not Accepta	uble)
SUITE 204					
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.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE					
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
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 PARTNEI	RINFORMATION	13.	ADDRESS	CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS	SMG MANAGEMENT COMPANY 1475 W. CYPRESS CREEK RD., SUITE 204		STREET ADDRESS CITY-ST-ZIP	<u></u>	
CITY-ST-ZIP DOCUMENT#	FT. LAUDERDALE FL 33309		un un al		
NAME STREET ADDRESS			STREET ADORESS		132596893 19707 01092-018 18150.00 ****150.00
CITY-ST-ZIP DOCUMENT#			CITY-ST-ZIP	海 達3	**150.00 ****150.00
NAME STREET ADDRESS		- -	STREET ADDRESS	- <u> </u>	
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT# NAME			STREET ADDRESS		
STREET ADDRESS CITY-ST-ZDP			CITY-ST-ZIP		
DOCUMENT # NAME			STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT# NAME			STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	A)_/	CITY+ST-ZIP		·
14. I hereby certify that the information should with this fit in 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 acquirate and had 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: SIGNATURE: SIGNATURE PROPERTIES AND TYPED OR PRINTED NAME OF SIGNATURE PROPERTIES DATE OF PROPERT					

STEPHEN M. GOLDING, PRESIDENT, SMG MANAGEMENT COMPANY, GENERAL PARTNER