

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # A31116**

1. Entity Name

**STEPHEN M. GOLDING COMPANY LIMITED PARTNERSHIP**

FILED

02 FEB 21 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**MLN**



Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number

**65-0242062**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.

**\$100.00**

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 PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
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CITY-ST-ZIP

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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 prepare this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

**2-18-02 954-772-7878**

Date Daytime Phone #

CR2E003 (9/01)