2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

DOCUMENT # A31116 1. Entity Name STEPHEN M. GOLDING COMPANY LIMITED PARTNERSHIP				FILED 2004 APR 26 AM 9: 3 SECRETARY OF STATE TALLAHASSEE, FLORE	
Principal Place of Business -1475 W. CYPRESS CREEK ROAD- SUITE 204- FT. LAUDERDALE, FL 33309 Mailing Address -1475 W. CYPRESS CREEK -4475 W. CYPRESS CREEK -5UITE 204- FT. LAUDERDALE, FL 33309 FT. LAUDERDALE, FL 33309			-	· ·	
2. Principal Place of Business 1000 N.W. 65TH. ST. 3. Mailing Address 1000 N.W. 65T		———— Н. ST.			
Suite, Apt. #, etc. SUITE 200 SUITE 200 SUITE 200				04072004 Chg-LP CR2E0	03 (10/03)
City & State FT. LAUDERDALE, FL. 33309	te City & State		3309	4. FEI Number 65-0242062	Applied For Not Applicable
Zip Country		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 A	
GOLDING, STEPHEN M 1475 W. CYPRESS GREEK RD. SUITE 204			Name Street Address (P.O. Rox Number is Not Acceptable)		
			Street Address (P.O. Box Number is Not Acceptable) 1000 N.W. 65TH. ST. SUITE 200		
FT. LAUDERDALE, FL 33309		FT. I	LAUDER	RDALE, FL. 33309	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered of the purpose o			registere	FL ad agent or both in the State of Florida Lam 6	
the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.					
9. Capital Contributions as Shown on record. \$100.00 as Shown on record. \$100.00					
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 ONL	-Y
NAME SMG MANAGEMENT COMPANY STREET ADDRESS 14476 W. CYPRESS CREEK RD., SUITE 204		STREET ADDRESS	1000 N.W. 65TH. ST. SUITE 200		
DOCUMENT #	AFNT 4		LI.	LAUDERDALE, FL. 33309	
NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS			
DOCUMENT #		STREET ADDRESS		7000000000	140
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DOCUMENT # NAME ~		STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP DOCUMENT A		CITY-ST-ZIP			
NAME NAME		STREET ADDRESS			
	,	CITY-ST-ZIP			
DOCUMENT,	,	STREET ADDRESS	<u> </u>	·	
STREET ADDRESS CITY-ST-ZIP	A	CITY-ST-ZIP			
14. I hereby certify that the information supplied with this filing floes 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 registed by Chapter 620) Florida Statutes					
SIGNATURE: SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING GENERAL P	PARTNER			7227878