

# 2002 UNIFORM BUSINESS REPORT (UBR)

0008103 AT

DOCUMENT # **A32403**

1. Entity Name

**GOLDEN OAKS OF FLORIDA LIMITED PARTNERSHIP**

FILED

02 APR 17 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

950 N. ORLANDO  
STE. 320  
WINTER PARK FL 32789

Mailing Address

390 N. ORANGE AVE.  
SUITE 1100  
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 120

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-3119710

Applied For

Not Applicable

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

B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 N. ORANGE AVENUE  
SUITE 1100  
ORLANDO FL 32801

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$2,225,000.00

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 #	P94000005268	STREET ADDRESS	950 N. ORLANDO AVE, SUITE 120
NAME	GOLDEN OAKS, INC.	CITY-ST-ZIP	WINTER PARK, FL 32789
STREET ADDRESS	950 N. ORLANDO AVE., STE. 320		
CITY-ST-ZIP	WINTER PARK FL 32789		
DOCUMENT #	N37855	STREET ADDRESS	
NAME	MBE CONSTRUCTION & MARINE INSTITUTE, INC.	CITY-ST-ZIP	
STREET ADDRESS	4 PALM DRIVE		
CITY-ST-ZIP	ORMOND BEACH FL 32176		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
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: PRESTON J. PERRONE, PRESIDENT 2/14/02 407-628-4544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)