

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008213 AT

DOCUMENT # A32403

1. Entity Name
GOLDEN OAKS OF FLORIDA LIMITED PARTNERSHIP



FILED

03 APR - 1 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
950 N. ORLANDO AVE., SUITE 120
WINTER PARK FL 32789

Mailing Address
390 N. ORANGE AVE.
SUITE 1100
ORLANDO FL 32801

2. Principal Place of Business
310 WAYMINT COURT
Suite, Apt. #, etc.
SUITE 104

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
LAKE MARY, FL
Zip
32746
Country
USA

City & State
Zip
Country

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. I am familiar with, and accept the obligations of registered agent.

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 FL. 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
NAME GOLDEN OAKS, INC.
STREET ADDRESS 950 N. ORLANDO AVE., SUITE 120
CITY-ST-ZIP WINTER PARK FL 32789

STREET ADDRESS 310 WAYMINT COURT, SUITE 104
CITY-ST-ZIP LAKE MARY, FLORIDA 32746

DOCUMENT # N37855
NAME MBE CONSTRUCTION & MARINE INSTITUTE, INC.
STREET ADDRESS 4 PALM DRIVE
CITY-ST-ZIP ORMOND BEACH FL 32176

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

M THOMAS

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

As President of Golden Oaks, Inc.
The General Partner of Golden Oaks
of Florida Limited Partnership

3/26/03

407-628-4544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)