2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR) OCUMENT # A95000001420

DOCUMENT

1. Entity Name GOLDEN 50 ASSOCIATES, LTD.



FILED JAN 28 AM 11: 06 SECRETARY DESTATE

					- MULAHAYSEESSSAA	
Principal Place 701 BRICKELL / SUITE 1400 MIAMI FL 33131		Mailing Address 701 BRICKELL AVENUE SUITE 1400 MIAMI FL 33131			TALLAHASSEE, FLORIDA	
2. Principal Pl	ace of Business	3. Mailing Address			4 (100 101	
Suite, Apt.	ŧ, etc.	Suite, Apt. #, etc.			DUE BY MAY 1, 2003	
City & State		City & State			4. FEI Number 65-0613868 Applied For Not Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Curre	ent Registered Agent		-	7. Name and Address of New Registered Agent	
PITTS, W. DOUGLAS 701 BRICKELL AVENUE, SUITE 1400				Name		
				Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL	33131				•	
				City	FL Zip Code	
the obligati	ons of registered agent.		ng its register	red office or regi	stered agent, or both, in the State of Florida. I am familiar with, and accept	
Signature, typed or printed name of registered agent and title it applicable.					DATE	
9. Capital Contributions as Shown on record. \$6,000.00 In FLORIDA to de			to date.	e. SEE REVERSE SIDE FOR FEE INFORMATION		
	A GENERAL PARTNE NOTE: General Partners	R THAT IS A BUSINESS MAY NOT be changed of	S ENTITY Non the form	/IUST BE REG n; an amendn	SISTERED AND ACTIVE WITH THIS OFFICE. nent must be filed to change a general partner.	
12. GENERAL PARTNER INFORMATION			13.		ADDRESS CHANGES ONLY	
DOCUMENT #	M34390 LANCASTER DEVCORP, INC. 701 BRICKELL AVENUE, SUITE 1400 MIAMI FL 33131		STR	REET ADORESS		
STREET ADDRESS CITY-ST-ZIP			CIT	Y-ST-ZIP	·	
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STREET ADDRESS CITY-ST-ZIP	<u></u>		CIT	Y-ST-ZIP	16/	
DOCUMENT #					141	

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 secure this report as required by Chapter 620, Florida Statutes.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

NAME STREET ADDRESS

NAME STREET ADDRESS

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP