

2000 UNIFORM BUSINESS REPORT (UBR)

1004-102 1A

DOCUMENT # **A96000000625**

1. Entity Name
GOLDEN ASSOCIATES, LTD.

FILED

00 APR -5 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2121 PONCE DE LEON BLVD., PENTHOUSE II
CORAL GABLES FL 33134

Mailing Address
2121 PONCE DE LEON BLVD., PENTHOUSE II
CORAL GABLES FL 33134-5224



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0739874	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LEON J. WOLFE, ESQ.
C/O BERMAN, WOLFE & RENNERT
100 S.E. SECOND STREET, 35TH FLOOR
MIAMI FL 33131-2130

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$6,440,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # A96000000624	NAME QUAKERBRIDGE GOLDEN LAKES, LTD.	STREET ADDRESS	
STREET ADDRESS 2121 PONCE DE LEON BLVD., SUITE 650	CITY - ST - ZIP CORAL GABLES FL 33134	CITY - ST - ZIP	
DOCUMENT # P97000041599	NAME PENINSULA GOLDEN LAKES, INC.	STREET ADDRESS	
STREET ADDRESS 1717 N. BAYSHORE DRIVE, SUITE 2700	CITY - ST - ZIP MIAMI FL 33132	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
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STREET ADDRESS	CITY - ST - ZIP	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 execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **02-28-00** **(305) 4438288**
Date Daytime Phone #

CR2E003 (9/99)