

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY -1 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A96000000625

1. Entity Name  
GOLDEN ASSOCIATES, LTD.

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number 65-0739874 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

REGISTERED AGENTS OF FLORIDA, LLC  
100 SOUTHEAST SECOND STREET  
SUITE 3500  
MIAMI FL 33131-2130

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. \$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

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 # NAME STREET ADDRESS CITY-ST-ZIP	A96000000624 QUAKERBRIDGE GOLDEN LAKES, LTD. 2121 PONCE DE LEON BLVD., SUITE 650 CORAL GABLES FL 33134	STREET ADDRESS CITY-ST-ZIP	500005556375--8 -05/17/02--01023--012 ****535.00 ****535.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P97000041599 PENINSULA GOLDEN LAKES, INC. 1717 N. BAYSHORE DRIVE, SUITE 2700 MIAMI FL 33132	STREET ADDRESS 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

0001424 AV

CP2E003 (9/01)