

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A96000000785 1. Entity Name THE J.E. GOLDEN FAMILY LIMITED PARTNERSHIP	
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FILED

07 FEB 28 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 5414 N COMMERCE ST JAY FL 32565	Mailing Address P.O. BOX 325 JAY FL 32565
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E003 (10/06)

4. FEI Number 59-3381112	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDEN, DANIEL MARCUS HIGHWAY 4 EAST JAY FL 32565	Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>
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Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code </div>	Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code </div>
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title is applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

**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	
NAME	GOLDEN, DANIEL MARCUS	CITY- ST- ZIP	
STREET ADDRESS	5414 N COMMERCE ST.		
CITY- ST- ZIP	JAY FL 32565		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY- ST- ZIP			

600090086856
03/02/07--01049--028 **\$00.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Daniel Marcus Golden* **Daniel Marcus Golden 04-09-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

850 675 4159

Date Daytime Phone #

STAPLE CHECK HERE