

2001 UNIFORM BUSINESS REPORT (UBR)

000307 AF

DOCUMENT # A97000002128

1. Entity Name

GOLDEN STAR MANAGEMENT, LTD.

Principal Place of Business

2663 SW 181 TERRACE
MIRAMAR FL 33029

Mailing Address

2663 SW 181 TERRACE
MIRAMAR FL 33029

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0794247

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

**GOLDEN STAR MANAGEMENT, INC.
2663 SW 181 TERRACE
MIRAMAR FL 33029**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record

\$5,000,000.00

10. Amount of Capital Contributions in FLORIDA to date

\$800,000.00

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 # **P97000071502**
NAME **GOLDEN STAR MANAGEMENT, INC.**
STREET ADDRESS **2663 SW 181 TERRACE**
CITY-ST-ZIP **MIRAMAR FL 33029**

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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:

MARIO BENAC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Pres **2-5-01**

Date

Daytime Phone #

FILED

01 FEB -9 AM 11:31

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)