

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

FILED

99 APR 14 PM 2:30

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A98000001146
--------------------------------	--------------------------------

THE GOLDEN RIVERSIDE LIMITED PARTNERSHIP

Mailing Address 10900 NORTHWEST 3 STREET PLANTATION FL 33324	Principal Office Address 10028 WEST OAKLAND PARK BLVD. SUNRISE FL 33351
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 05/08/1998	5a. Capital Contributions as Shown on record \$1,000.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. FEI Number	\$8.75 Additional Fee Required
7. Certificate of Status Desired	
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent PALMA, LIBERTAD A 10900 NORTHWEST 3 STREET PLANTATION FL 33324	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
---	--

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership, organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) PALMA, LIBERTAD A PALMA, RICARDO	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 10900 NW 3 ST. 10900 NW 3 ST.	11b. City, State & Zip Code PLANTATION FL 33324 PLANTATION FL 33324	11c. Registration/ Document Number
--	--	---	---------------------------------------

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*Libertad A. Palma Ricardo A. Palma*

DATE

3/4/99

Typed or Printed Name of General Partner Signing Form

LIBERTAD A. PALMA  
RICARDO A. PALMA

Daytime Telephone Number

(954) 748-6665

CR2E003 (12/98)

0003596