



2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000002094 1. Entity Name GOLDING UNITED FISHHAWK LTD.					
Principal Place of Business 27001 US HIGHWAY 19, SUITE 2095 CLEARWATER, FL 33761			Mailing Address 27001 US HIGHWAY 19, SUITE 2095 CLEARWATER, FL 33761		
2. Principal Place of Business Suite Apt #, etc City & State Zip Country			3. Mailing Address Suite, Apt. #, etc City & State Zip Country		
					
			02152005 Chg-LP CR2E003 (10/03)		
			4. FEI Number 74-2946548		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 LOREN POLLACK 27001 US HIGHWAY 19, SUITE 2095 CLEARWATER, FL 33761				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record: \$990.00			10. Amount of Capital Contributions in FLORIDA to date		
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 #	P99000107750		STREET ADDRESS		
NAME	GOLDING UNITED FISHHAWK INC.		CITY-ST-ZIP		
STREET ADDRESS	27001 US HIGHWAY 19, SUITE 2095		000000334822 04/09/05-90003-007 150.00		
CITY-ST-ZIP	CLEARWATER, FL 33761		STREET ADDRESS		
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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: <i>Green M Pollack</i> Loren M Pollack			3/14/05 (727) 796-1077		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>DATE</small>		

STAPLE CHECK HERE