2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B00000000030

1. Entity Name

GOLD COAST PROPERTIES, A CALIFORNIA LIMITED PART

FILED
01 JUN 21 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
19619 BLACK OLIVE LANE BOCA RATON FL 33498	19619 BLACK OLIVE LANE BOCA RATON FL 33498

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 65-0993503 ☐ 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
STRAUS, STEVE 19619 BLACK OLIVE LANE BOCA RATON FL 33498	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. $1,000.00	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	STRAUS, STEVE 19619 BLACK OLIVE LANE BOCA RATON FL 33498	STREET ADDRESS CITY-ST-ZIP	600004446596--5 -06/26/01--01080--011 *****52.50 *****52.50
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STRAUS, NANCY 19619 BLACK OLIVE LANE BOCA RATON FL 33498	STREET ADDRESS CITY-ST-ZIP	600004446596--5 06/26/01--01080--010 *****88.75 *****88.75
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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] 4/25/01 561-883-3110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (11/00)