

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # B05000000512**

1. Entity Name  
**SOLOMAN GOLD RESERVE FUND, L.P.**



Principal Place of Business  
**2932 WEST TRADE AVE.  
COCONUT GROVE, FL 33133**

Mailing Address  
**2932 WEST TRADE AVE.  
COCONUT GROVE, FL 33133**



04282008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-3776709**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WILLIAMSON, J. BRADFORD  
2932 WEST TRADE AVE.  
COCONUT GROVE, FL 33133**

**DO NOT WRITE  
IN THIS SPACE**

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

*J. Bradford Williams*  
**Vice Pres. of G.P.**

**4/28/08**  
DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, Fee will be \$900.00**

**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**

DOCUMENT # **B05000000511**  
NAME **ARDIC MANAGEMENT, L.P.**  
STREET ADDRESS **2932 WEST TRADE AVE.**  
CITY-ST-ZIP **COCONUT GROVE, FL 33133**

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U00000931673  
05/22/08-80023-021 500.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*J. Bradford Williams*  
**J. Bradford Williams**

**4/28/08**

**305-529-6056**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE