

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B93000000260

1. Entity Name

Goldman, Sachs & Co. Limited

FILED

May 05, 2004 8:00 A.M.
Secretary of State

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

85 Broad Street

3. Mailing Address

85 Broad Street

Suite Apt. #, etc.

Suite Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

New York, NY

City & State

New York, NY

Zip

10004

Country

USA

Zip

10004

Country

USA

4. FEI Number

13-5108880

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City Plantation

FL

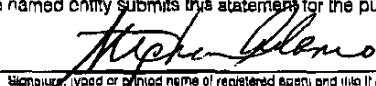
Zip Code

33324

**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.

SIGNATURE


STEPHEN ADAMO
ASSISTANT SECRETARY

4/30/04

Signature (typed or printed name of registered agent and title if applicable)

DATE

9. Capital Contributions
as Shown on record.

0

10. Amount of Capital Contributions
in FLORIDA to date.

0

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

DOCUMENT # F99000000246
NAME The Goldman Sachs Group, Inc.
STREET ADDRESS 85 Broad Street
CITY-ST-ZIP New York, NY 10004

STREET ADDRESS

CITY-ST-ZIP

900035442119

05/05/04--01015--029 **141.25

DOCUMENT # M97000000249
NAME The Goldman Sachs & Co. L.L.C.
STREET ADDRESS 85 Broad Street
CITY-ST-ZIP New York, NY 10004

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

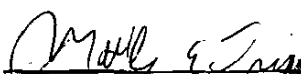
STREET ADDRESS

CITY-ST-ZIP

REINSTATEMENT

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(l), 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:



Matthew E. Tropp, Assistant Secretary

4/30/04

212-902-4147

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #