2001 UNIFORM BUSINESS REPORT (UBR)

| 200   | UNI              | FUNIM BUSI  | NESS REPU  | יו ייייי     | (OD)                   | n,              |                                       |              |   |                            |                                 |                             |
|---|------------------|---|--|--------------|------------------------|-----------------|---------------------------------------|--------------|---|----------------------------|---------------------------------|-----------------------------|
|   |                  | # L9300   | 0000447  |              |                        |                 |                                       |              |   |                            |                                 |                             |
| 1. Entity Nam<br>GOLDEN   |                  | OLDINGS, L.C.   |  |              |                        |                 | FILED                                 |              |   |                            |                                 |                             |
|   |                  |   |  |              | سسمدة                  | rim.            |                                       | •            |   |                            | -                               |                             |
| Principal Place of Business Mailing Address 1343 MAIN STREET 1343 MAIN STREET |                  |   |  |              |                        |                 |                                       | . '          | N26 A   |                            |                                 |                             |
| 7TH FLOOR   | IHEE             |   | 7TH FLOOR  |              |                        |                 | SECRETARY-OF-STATETALEAHASSEE-FLORIDA |              |   |                            |                                 |                             |
| SARASOTA FL 34236   |                  |   | SARASOTA FL 34236  |              |                        |                 | 47                                    | ALLAI        | 1ASSEE  | 1610 MIN II<br>1616 MIN II | 注导 <u>分</u><br>DD 1100 HDD 1100 | . 4000 (66) (66)            |
| Principal Place of Business     3. Mailing Address                            |                  |   |  |              |                        |                 |                                       |              |   |                            |                                 |                             |
|   |                  |   | •  |              |                        |                 |                                       |              |   |                            |                                 |                             |
| Suite, Apt. #, etc.   |                  |   | Suite, Apt. #, etc.  |              |                        |                 | DO NOT WRITE IN THIS SPACE            |              |   |                            |                                 |                             |
| City & State  |                  |   | City & State   |              |                        |                 | 4. FEI N                              | lumber       | 65-046435                                       | 6                          |                                 | pplied For<br>ot Applicable |
| Zip Country   |                  | Zip Coun  |  | ntry         | 5. Certificate of Sta  |                 |                                       | atus Desired | is Desired   \$5.00 Additional Fee Required     |                            |                                 |                             |
| ·   | 6. Name          | and Address of Current R                                  | egistered Agent  |              | Name                   |                 | -7 Name                               | and Add      | ress of New                                     | Registere                  | d Agent                         |                             |
| MATZKIN, STEVEN R   |                  |   |  |              |                        |                 |                                       |              |   |                            |                                 |                             |
| _   | N STREET         |   |  | Street A     | Address (P.            | O. Box N        | umber is f                            | Not Acceptab | e)<br>  | <u>-</u>                   |                                 |                             |
| 5TH FLOOR<br>SARASOTA FL 34236  |                  |   |  | -            |                        |                 |                                       | · ·          |   |                            | Zip Cod                         | de                          |
|   |                  |   |  |              | City                   |                 | FL                                    |              |   |                            | L                               | <del></del>                 |
| 8. The above  | named entity     | y submits this statement for                              | the purpose of changing its  | register     | ed office or           | r régistere     | d agent, o                            | or both, in  | the State of F                                  | orida.                     |                                 |                             |
| SIGNATURE .   |                  |   | AND THE RESERVE OF THE PROPERTY OF THE PROPERT | ~ B          |                        |                 | To desire                             | ,            |   | DAT                        |                                 | <del></del>                 |
|   | Signature, typed | or printed name of registered agent an                    | d trie ir applicable. (NOTI  | E: Hegistere | d Agent signat         | ture required w | men reinstatii                        | ng)          |   | DATE                       | =                               |                             |
|   | •                |   |  |              | FEE IS                 | -               |                                       |              |   |                            |                                 |                             |
| -,1   | ,                |   | Make Check-Pa  | ayable 1     | o Depart               | lment of        | State                                 |              |   |                            |                                 |                             |
| 9.  |                  | MANAGING MEMBE  | RS/MEMBERS   | 10.          |                        |                 |                                       |              | ADDITIONS                                       | /CHANG                     |                                 |                             |
| TITLE<br>NAME   | MGRM<br>MATZKIN  | STEVEN R  | ☐ Delete   | TITL<br>NAM  |                        | MGE             | EM<br>DVV                             | ) .S+a       | even R.   |                            | Change                          | Addition                    |
| STREET ADDRESS  | 1343 MAI         | n street, 7th floor                                       |  |              | EET ADDRESS            | / S.            | Sch                                   | , G.         | venue,  | Ste                        | 1000                            |                             |
| CITY-ST-ZIP   | SARASOT          | 'A FL 34236   |  | CITY         | '-ST-ZIP               |                 |                                       |              | 1 342   |                            |                                 |                             |
| TITLE   |                  |   | ☐ Delete   | ĦΤL          |                        |                 |                                       | -            | -   |                            | ☐ Change                        | ☐ Addition                  |
| NAME<br>STREET ADDRESS  |                  |   | , t  | NAM<br>STR   | ie<br>Eet address      |                 |                                       |              |   |                            |                                 |                             |
| CITY-ST-ZIP   |                  | والتجيب ويجارياني   |  | - 1          | -ST-ZIP                |                 |                                       |              |   |                            |                                 |                             |
| TITLE   |                  |   | ☐ Delete   | ŦITL         | Ε `                    |                 |                                       |              |   |                            | ☐ Change                        | ☐ Addition                  |
| NAME<br>STREET ADDRESS  |                  |   |  | NAM<br>"CTR  | ie<br>Eet address      | i               |                                       | 100          | וכי רוויים                                      | cn 1                       | 661-                            | 5                           |
| CITY-ST-ZIP   |                  |   | ·  |              | -ST-ZIP                |                 |                                       | TUL          | .01/30  | /91I                       | 010700                          |                             |
| TITLE   |                  |   | ☐ Delete   | TITL         | E                      |                 |                                       | :            | ****  |                            |                                 | O D Adition                 |
| NAME  |                  |   |  | NAM          |                        |                 |                                       |              |   |                            |                                 |                             |
| STREET ADDRESS<br>CITY-ST-ZIP   | -                |   |  |              | EET ADDRESS<br>-ST-ZIP |                 |                                       | ă.           | /   |                            |                                 |                             |
| TITLE   |                  | •   | ☐ Delete   | TITL         |                        |                 |                                       | /            | <u>n/                                      </u> |                            | ☐ Change                        | ☐ Addition                  |
| NAME 🐧  |                  |   |  | NAM          | E                      |                 |                                       | اك           | V   |                            | _                               |                             |
| STREET ADDRESS  | į<br>Ž           |   |  | •            | ET ADDRESS<br>-ST-ZIP  |                 |                                       |              |   |                            |                                 |                             |
| TITLE   |                  |   | ☐ Delete   | TITL         |                        |                 |                                       |              |   |                            | ☐ Change                        | Addition                    |
| NAME  |                  |   |  | NAM          |                        |                 |                                       |              |   |                            | - Onlango                       |                             |
| STREET ADDRESS  |                  |   |  |              | ET ADDRESS             |                 |                                       |              |   |                            |                                 |                             |
| 11 Lhereby c  | artifu that the  | information supplied with t                               | his filing does not avalled  |              | -ST-ZIP                | tad in Co-      | tion 110 C                            | 17/21/0 51:  | rido Ctot 40                                    | حاضر رای ا                 | nortifu that the "              | nformatic=                  |
| indicated   | on this repor    | t is true and accurate and the or the receiver or trustee | nat my signature shali have  | the same     | e legal effe           | ct as if ma     | ide under                             | oath; that   | I am a mana                                     | ging men                   | beriny that the i               | er of the                   |
| •   |                  | and of  | 21/14  |              | 34                     |                 |                                       |              |   |                            |                                 |                             |
| SIGNAT  | URE:             | IND DIFED ON PRINTED NAME OF                              | SIGNING WANAGING MEMBER, MAI   | NAGER, OF    | AUTHORIZED             | REPRESENT       | TATIVE                                |              | Date  |                            | Daytime Phone #                 |                             |