

3333

b. ■

05059181501

a. T Code ■ 13196


Do not write in the space above

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

MUST be filed to satisfy franchise tax requirements

| | |
|---|--------------------------|
| c. Taxpayer identification number ■ 1-76-0536359-1 | d. Report year ■ 2004 |
|---|--------------------------|

Corporation name and address


 GOLDEN YORKSHIRE GROUP L L C
 19419 KESSINGTON LN
 HOUSTON TX 77094-3444
CBRO452 9328
2H31 2/3/05

e. PIR / IND ■ 1, 2, 3, 4

Secretary of State file number or, if none, Comptroller unchartered number

g. ■

Item k on Franchise Tax Report, Form 05-142 0702580822 6

If the preprinted information is not correct, please type or print the correct information.

The following information MUST be provided for the Secretary of State (SOS) by each corporation or limited liability company that files a Texas Corporation Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.



Blacken this circle completely if there are currently no changes to the information preprinted in Section A of this report. Then, complete Sections B and C.

Please sign below! Officer and director information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers and directors change throughout the year.

Corporation's principal office

Principal place of business

SECTION A. Name, title, and mailing address of each officer and director.

| | | | |
|--|--------------------------|---|-------------------------------------|
| NAME: S MENDEL | TITLE: MANAGER | DIRECTOR: <input checked="" type="checkbox"/> YES | Term expiration (mm-dd-yyyy) |
| MAILING ADDRESS: 19419 KESSINGTON LANE HOUSTON, TX 77094 | | | |
| NAME: | TITLE: | DIRECTOR: <input type="checkbox"/> YES | Term expiration (mm-dd-yyyy) |
| MAILING ADDRESS: | | | |
| NAME: | TITLE: | DIRECTOR: <input type="checkbox"/> YES | Term expiration (mm-dd-yyyy) |
| MAILING ADDRESS: | | | |
| NAME: | TITLE: | DIRECTOR: <input type="checkbox"/> YES | Term expiration (mm-dd-yyyy) |
| MAILING ADDRESS: | | | |
| NAME: | TITLE: | DIRECTOR: <input type="checkbox"/> YES | Term expiration (mm-dd-yyyy) |
| MAILING ADDRESS: | | | |

SECTION B. List each corporation or limited liability company, if any, in which this reporting corporation or limited liability company owns an interest of ten percent (10%) or more. Enter the information requested for each corporation or limited liability company.

| | | | |
|--|------------------------|-----------------------|---------------------|
| Name of owned (subsidiary) corporation | State of incorporation | Texas SOS file number | Percentage Interest |
| Name of owned (subsidiary) corporation | State of incorporation | Texas SOS file number | Percentage Interest |

SECTION C. List each corporation or limited liability company, if any, that owns an interest of ten percent (10%) or more in this reporting corporation or limited liability company. Enter the information requested for each corporation or limited liability company.

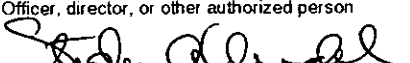
| | | | |
|-------------------------------------|------------------------|-----------------------|---------------------|
| Name of owning (parent) corporation | State of incorporation | Texas SOS file number | Percentage Interest |
|-------------------------------------|------------------------|-----------------------|---------------------|

Registered agent and registered office currently on file. (See instructions if you need to make changes.)

Agent: STEPHEN A MENDEL
Office: 19419 KESSINGTON LANE
HOUSTON, TX 77094

Blacken this circle if you need forms to change this information. Changes can also be made on-line at <http://www.sos.state.tx.us/corp/sosda/index.shtml>

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer or director and who is not currently employed by this corporation or limited liability company or a related corporation.

| | | | | |
|--|--|-------|----------------|--|
| sign here  | Officer, director, or other authorized person MANAGER | Title | Date 1/4/05 | Daytime phone (Area code and number) 281-492-6091 |
|--|--|-------|----------------|--|

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