2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000002245

1. Entity Name

GOLDEN RULE HOLDINGS, L.L.C.



Principal Place of Business

50 N. LAURA STREET **SUITE 2800**

JACKSONVILLE, FL 32202

Mailing Address

50 N. LAURA STREET

SUITE 2800

JACKSONVILLE, FL 32202

Apr 16, 2007 8:00 am Secretary of State

04-16-2007 90343 013 ****50.00

60036764



04112007 No Chg-LLC

CR2E083 (11/05)

	\$5.00 Additional	
59-3709002 Not Appl	icabl	
4. FEI Number Applied	or	

Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

GIBBS, THOMAS E 50 N. LAURA STREET **SUITE 2800** JACKSONVILLE, FL 32202

STREET ADDRESS CITY-ST-7IP

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the obligations of registered agent.				
SIGNATURE.	Signature, typed or printed name of registered agent and title it applicable. (I	NOTE: Registered Agent signature required when reinstating)	DATE	
Filing Fee is \$50.00 Due by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIBBS, THOMAS E 50 N. LAURA ST, STE 2800 JACKSONVILLE, FL 32202			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT W	/RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SE	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE				

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

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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

thomas SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE