

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000062775
 1. Entity Name
 GOLDEN RULE LODESTAR, 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

DO NOT WRITE IN THIS SPACE



02012008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5075659	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating)
 DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIBBS, THOMAS E 50 N. LAURA STREET, SUITE 2800 JACKSONVILLE, FL 32202
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 05/15/08-80003-009-138.75

11. 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.

SIGNATURE: Thomas E. Gibbs 4/22/08 904-355-4646
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #