


**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

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02-08-2007 90145 015 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT # L99000001351							
1. Entity Name GOLDEN SHOPPES, LLC							
Principal Place of Business 947 CLINT MOORE ROAD BOCA RATON, FL 33487			Mailing Address 947 CLINT MOORE ROAD BOCA RATON, FL 33487				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		01302007 Chg-LLC CR2E083 (12/06)			
Zip		Country		4. FEI Number 65-0902321			
				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			7. Name and Address of New Registered Agent				
947 HEISE, MARTIN P 947 CLINT MOORE RD BOCA RATON, FL 33487			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>							
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. <i>MANAGING</i> ADDITIONS/CHANGES				
TITLE	<del>MEMBER</del>	<input type="checkbox"/> Delete	TITLE	<i>MANAGING member 1</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BERSON, GERALD S		NAME				
STREET ADDRESS	947 CLINT MOORE ROAD		STREET ADDRESS	947 Clint Moore Rd			
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP				
TITLE	<del>MEMBER</del>	<input type="checkbox"/> Delete	TITLE	<i>MANAGING member 1</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEISE, MARTIN P		NAME				
STREET ADDRESS	947 CLINT MOORE ROAD		STREET ADDRESS	947 Clint Moore Rd			
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: <i>Martin P Heise</i>		Date: 2/1/07		Daytime Phone #: 561 997 0065			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>							