


FILED
Apr 11, 2008 8:00 am
Secretary of State

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

02-01-2008 90048 036 ***138.75

DOCUMENT # L99000001351			
1. Entity Name GOLDEN SHOPPES, LLC			
Principal Place of Business 2200 NW 2 AVENUE, SUITE 220 BOCA RATON, FL 33431		Mailing Address 2200 NW 2 AVENUE, SUITE 220 BOCA RATON, FL 33431	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0902321		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HEISE, MARTIN P 2200 NW 2 AVENUE, SUITE 220 BOCA RATON, FL 33481		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 the registered agent.			
SIGNATURE _____		DATE _____	
Signature based on printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when re-registering)			
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER <input type="checkbox"/> MEMBER BERSON, GERALD S 2200 NW 2 Ave, Ste 220 947 CLINT MOORE Boca Raton, FL 33431 BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR-M Gerald S Berson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ← See New Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER <input type="checkbox"/> MEMBER HEISE, MARTIN P 2200 NW 2 Ave, Ste 220 947 CLINT MOORE Boca Raton, FL 33431 BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR-M Martin P Heise <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ← See New Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Albert Heise</u>		Date: <u>4/30/08</u> 561-997-0045	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

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