


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # M03000000377
 1. Entity Name
 GOLDENROD ASSOCIATES, LLC



Principal Place of Business Mailing Address
 580 E. MAIN STREET STE. 300 580 E. MAIN STREET STE. 300
 NORFOLK, VA 23510 NORFOLK, VA 23510

DO NOT WRITE IN THIS SPACE



02222007No Chg-LLC CR2E083 (11/05)

4. FEI Number 33-1033659	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

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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 _____

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDENROD MANAGEMENT, LLC 580 E. MAIN STREET STE. 300 NORFOLK, VA 23510
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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: *[Signature]* GOLDENROD MANAGEMENT, LLC 4/5/07 (757) 627-7888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

MANAGER