


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000083806</b> 1. Entity Name GOLF GARDENS L.L.C.	
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Principal Place of Business 1625 N. COMMERCE PARKWAY SUITE #315 WESTON, FL 33326 US	Mailing Address 1625 N. COMMERCE PARKWAY SUITE #315 WESTON, FL 33326 US
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03182008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1938725	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

MARRERO, JOSE C  
1820 NORTH CORPORATE LAKES BLVD  
SUITE 106  
WESTON, FL 33326

**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 \_\_\_\_\_

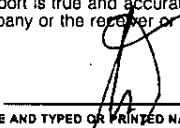
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000903798  
04/30/08-80060-003 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALBACETE, ALFONSO 1625 N. COMMERCE PARKWAY SUITE #315 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTINEZ, CIRO 1625 N. COMMERCE PARKWAY SUITE#315 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOMBARDI, VINCENZO 1625 N. COMMERCE PARKWAY SUITE #315 WESTON, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**  **4/14/08** **554-309-6661**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #