

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L92000000060

FILED  
Apr 27, 2012  
Secretary of State

Entity Name: GOLF PARK, L.C.

**Current Principal Place of Business:**

150 S.E. 2ND AVENUE  
SUITE 1002  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

444 BRICKELL AVENUE  
SUITE 51-246  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 65-0396935

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

INTERNATIONAL CENTER  
150 SE 2ND AVENUE  
SUITE 1002  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CANADDEX CORPORATION  
Address: 2121 N.E. 40TH AVENUE  
City-St-Zip: OCALA, FL 34470

Title: MGRM  
Name: EUROPEAN INVESTMENTS, INC.  
Address: 444 BRICKELL AVENUE SUITE 51-246  
City-St-Zip: MIAMI, FL 33131

Title: MGRM  
Name: SECUREX INTERNATIONAL CORPORATION  
Address: 1602 ALTON ROAD SUITE 100  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM  
Name: INTER CONTAX CORP  
Address: 444 BRICKELL AVENUE SUITE 51-246  
City-St-Zip: MIAMI, FL 33131

Title: MGRM  
Name: INTERNATIONAL CENTER  
Address: 150 SE 2ND AVENUE #1002  
City-St-Zip: MIAMI, FL 33131

Title: MGRM  
Name: GOLF PARK EQUITIES  
Address: 2710 THOMES AVENUE  
City-St-Zip: CHEYENNE, WY 82001

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: L. SMEJDA

VP

04/27/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date