


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000003491
 1. Entity Name
GOLDENBROOK I, LLC



Principal Place of Business
CAMP AVENUE AND US 41
WHITE SPRINGS, FL 32096

Mailing Address
P.O. BOX 487
WHITE SPRINGS, FL 32096

DO NOT WRITE IN THIS SPACE



07202004No Chg-LLC CR2E083 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3632999 | 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

DORSEY, HELEN BACA
CAMP AVENUE AND US 41
WHITE SPRINGS, FL 32096

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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 September 8, 2004

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRUS HELEN B DORSEY REVOCABLE TRUST CAMP AVENUE AND US 41 WHITE SPRINGS, FL 32096 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRUS TODD MILLER IRREVOCABLE TRUST CAMP AVENUE AND US 41 WHITE SPRINGS, FL 32096 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRUS KIRSTEN MILER IRREVOCABLE TRUST CAMP AVENUE AND US 41 WHITE SPRINGS, FL 32096 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRUS CANDACE MILLER IRREVOCABLE TRUST CAMP AVENUE AND US 41 WHITE SPRINGS, FL 32096 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRUS RYAN MILLER IRREVOCABLE TRUST CAMP AVENUE AND US 41 WHITE SPRINGS, FL 32096 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRUS BRANDON MILLER IRREVOCABLE TRUST CAMP AVENUE AND US 41 WHITE SPRINGS, FL 32096 |

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 09/09/04-80007-023 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Helen Baca Dorsey* **Helen Baca Dorsey** *20 July 2004* *734-649-3780*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #