

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90030 032 \*\*\*\*50.00

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<b>DOCUMENT # L00000003491</b> 1. Entity Name <b>GOLDENBROOK I, LLC</b>					
Principal Place of Business <b>CAMP AVENUE AND US 41 WHITE SPRINGS, FL 32096</b>			Mailing Address <b>P.O. BOX 487 WHITE SPRINGS, FL 32096</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3632999</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>DORSEY, HELEN BACA CAMP AVENUE AND US 41 WHITE SPRINGS, FL 32096</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$5.00 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS HELEN B DORSEY REVOCABLE TRUST CAMP AVENUE AND US 41 WHITE SPRINGS, FL 32096	<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	TRUS TODD MILLER IRREVOCABLE TRUST CAMP AVENUE AND US 41 WHITE SPRINGS, FL 32096	<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	TRUS KIRSTEN MILER IRREVOCABLE TRUST CAMP AVENUE AND US 41 WHITE SPRINGS, FL 32096	<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	TRUS CANDACE MILLER IRREVOCABLE TRUST CAMP AVENUE AND US 41 WHITE SPRINGS, FL 32096	<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	TRUS RYAN MILLER IRREVOCABLE TRUST CAMP AVENUE AND US 41 WHITE SPRINGS, FL 32096	<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	TRUS BRANDON MILLER IRREVOCABLE TRUST CAMP AVENUE AND US 41 WHITE SPRINGS, FL 32096	<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 exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>Helen Baca Dorsey</i> <b>Helen Baca Dorsey</b>				Date <b>4.26.05</b> Daytime Phone # <b>386-397-1111</b>	