


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

20050165



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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DORSEY, HELEN BACA CAMP AVENUE AND US 41 WHITE SPRINGS, FL 32096		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	TRUS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELEN B DORSEY REVOCABLE TRUST	NAME	
STREET ADDRESS	CAMP AVENUE AND US 41	STREET ADDRESS	
CITY-ST-ZIP	WHITE SPRINGS, FL 32096	CITY-ST-ZIP	
TITLE	TRUS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TODD MILLER IRREVOCABLE TRUST	NAME	
STREET ADDRESS	CAMP AVENUE AND US 41	STREET ADDRESS	
CITY-ST-ZIP	WHITE SPRINGS, FL 32096	CITY-ST-ZIP	
TITLE	TRUS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRSTEN MILER IRREVOCABLE TRUST	NAME	
STREET ADDRESS	CAMP AVENUE AND US 41	STREET ADDRESS	
CITY-ST-ZIP	WHITE SPRINGS, FL 32096	CITY-ST-ZIP	
TITLE	TRUS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANDACE MILLER IRREVOCABLE TRUST	NAME	
STREET ADDRESS	CAMP AVENUE AND US 41	STREET ADDRESS	
CITY-ST-ZIP	WHITE SPRINGS, FL 32096	CITY-ST-ZIP	
TITLE	TRUS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN MILLER IRREVOCABLE TRUST	NAME	
STREET ADDRESS	CAMP AVENUE AND US 41	STREET ADDRESS	
CITY-ST-ZIP	WHITE SPRINGS, FL 32096	CITY-ST-ZIP	
TITLE	TRUS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDON MILLER IRREVOCABLE TRUST	NAME	
STREET ADDRESS	CAMP AVENUE AND US 41	STREET ADDRESS	
CITY-ST-ZIP	WHITE SPRINGS, FL 32096	CITY-ST-ZIP	
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.			
SIGNATURE: <i>Helen Baca Dorsey</i> Helen Baca Dorsey		Date: 4.26.05 386-397-1111	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	