


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90025 041 ****50.00

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
04272006		Chg-LLC CR2E083 (11/05)	
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		7. Name and Address of New Registered Agent	
DORSEY, HELEN BACA CAMP AVENUE AND US 41 WHITE SPRINGS, FL 32096		Name <i>Miller, Helen Baca</i> 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 <i>Helen Baca Miller</i>		DATE <i>4.27.06</i>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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	<i>Helen B. Miller Revocable Trust</i> <input checked="" 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 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 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 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 <i>Helen Baca Miller</i>		Date <i>4.27.06</i> 356-397-1111	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	