
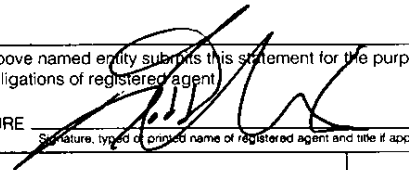
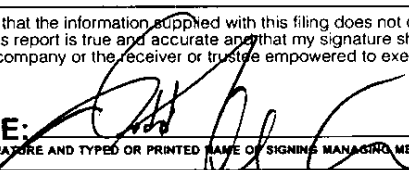


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90430 029 ****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 - No P.O. Box # 16468 Camp Avenue		3. Mailing Address P.O. Box 4			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State White Springs, FL		City & State White Springs, FL		4. FEI Number 59-3632999	
Zip 32096		Country Hamilton		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 MILLER, HELEN BACA CAMP AVENUE AND US 41 WHITE SPRINGS, FL 32096			7. Name and Address of New Registered Agent Name Todd E Miller Street Address (P.O. Box Number is Not Acceptable) 16468 Camp Avenue City White Springs FL Zip Code 32096		
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 		Todd E. Miller, Managing Member		3-27-07	
Filing Fee is \$50.00 Due by May 1, 2007		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. MILLER REVOCABLE TRUST CAMP AVENUE AND US 41 WHITE SPRINGS, FL 32096 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	16468 Camp Avenue <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	16468 Camp Avenue <input checked="" 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	Kirsten M. Weber Irrevocable Trust 16468 Camp Avenue <input checked="" 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	16468 Camp Avenue <input checked="" 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	16468 Camp Avenue <input checked="" 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	16468 Camp Avenue <input checked="" 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: 		Todd E. Miller, Managing Member		3-27-07 386-397-1111	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	