


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000003491
 1. Entity Name
 GOLDENBROOK I, LLC



Principal Place of Business
 16468 CAMP AVENUE
 WHITE SPRINGS, FL 32096

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

DO NOT WRITE IN THIS SPACE



04152008 No Chg-LLC CR2E083 (12/07)

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

MILLER, TODD E
 16468 CAMP AVENUE
 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 _____

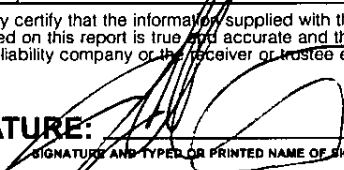
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS HELEN B. MILLER REVOCABLE TRUST 16468 CAMP AVENUE WHITE SPRINGS, FL 32096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS TODD MILLER IRREVOCABLE TRUST 16468 CAMP AVENUE WHITE SPRINGS, FL 32096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS KIRSTEN M. WEBER IRREVOCABLE TRUST 16468 CAMP AVENUE WHITE SPRINGS, FL 32096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS CANDACE MILLER IRREVOCABLE TRUST 16468 CAMP AVENUE WHITE SPRINGS, FL 32096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS RYAN MILLER IRREVOCABLE TRUST 16468 CAMP AVENUE WHITE SPRINGS, FL 32096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS BRANDON MILLER IRREVOCABLE TRUST 16468 CAMP AVENUE WHITE SPRINGS, FL 32096

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 05/30/08-80049-001 138.75

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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, 4-25-08 3863971111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #