

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000003491

Entity Name: GOLDENBROOK I, LLC

FILED
Apr 26, 2011
Secretary of State

Current Principal Place of Business:

16468 CAMP AVENUE
WHITE SPRINGS, FL 32096

New Principal Place of Business:

Current Mailing Address:

P.O. BOX U
WHITE SPRINGS, FL 32096

New Mailing Address:

P.O. BOX 487
WHITE SPRINGS, FL 32096

FEI Number: 59-3632999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, TODD E
16468 CAMP AVENUE
WHITE SPRINGS, FL 32096 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: TRUS
Name: HELEN B. MILLER REVOCABLE TRUST
Address: 16468 CAMP AVENUE
City-St-Zip: WHITE SPRINGS, FL 32096

Title: TRUS
Name: TODD MILLER IRREVOCABLE TRUST
Address: 16468 CAMP AVENUE
City-St-Zip: WHITE SPRINGS, FL 32096

Title: TRUS
Name: KIRSTEN M. WEBER IRREVOCABLE TRUST
Address: 16468 CAMP AVENUE
City-St-Zip: WHITE SPRINGS, FL 32096

Title: TRUS
Name: CANDACE MILLER IRREVOCABLE TRUST
Address: 16468 CAMP AVENUE
City-St-Zip: WHITE SPRINGS, FL 32096

Title: TRUS
Name: RYAN MILLER IRREVOCABLE TRUST
Address: 16468 CAMP AVENUE
City-St-Zip: WHITE SPRINGS, FL 32096

Title: TRUS
Name: BRANDON MILLER IRREVOCABLE TRUST
Address: 16468 CAMP AVENUE
City-St-Zip: WHITE SPRINGS, FL 32096

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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

TRUS

04/26/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date