2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000012999

1. Entity Name

GOLEN REAL ESTATE PARTNERS, L.L.C.

Principal Place of Business	Mailing Address
7385 GALLOWAY ROAD SUITE 200 MIAMI FL 33173	7385 GALLOWAY ROAD SUITE 200 MIAMI FL 33173

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CRZE083 (10/05)

4. FEI Number 65-1062662 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MULLER, CHARLES E II 7385 GALLOWAY ROAD SUITE 200 MIAMI FL 33173	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 accep the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM ☐ Delete GOLEN, KENNETH 2712 CYPRESS MANOR WESTON FL 33332	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add U00000412471 02/10/06-80048-010 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM ☐ Delete GOLEN-GLICK, SHARON 9401 S.W. 100 STREET MIAMI FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM ☐ Delete GOLEN, HAROLD 2363 NORTH BAY ROAD MIAMI BEACH FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: X _____ Kenneth Golen 1/26/06 305-670-6770