

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000012999
 1. Entity Name
 GOLEN REAL ESTATE PARTNERS, L.L.C.



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



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State

4. FEI Number: 65-1062662
 Applied For: Not Applicable

Zip Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 MULLER, CHARLES E II
 7385 GALLOWAY ROAD
 SUITE 200
 MIAMI FL 33173

7. Name and Address of New Registered Agent
 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 accept the obligations of registered agent

SIGNATURE _____
Signature typed or printed name of registered agent and the filer (note: Registered Agent's name is returned when beneficial) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS	
TITLE MEM NAME GOLEN, KENNETH STREET ADDRESS 2712 CYPRESS MANOR CITY-ST-ZIP WESTON FL 33332	<input type="checkbox"/> Delete
TITLE MEM NAME GOLEN-GLICK, SHARON STREET ADDRESS 9401 S.W. 100 STREET CITY-ST-ZIP MIAMI FL 33176	<input type="checkbox"/> Delete
TITLE MEM NAME GOLEN, HAROLD STREET ADDRESS 2363 NORTH BAY ROAD CITY-ST-ZIP MIAMI BEACH FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

L00000013977
 02/13/08-80025-023 138.75

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: KEN GOLEN
 Authorized Representative
 1-25-08 954-629-9062