2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000002249 1. Entity Name GOLDEN RULE INVESTMENTS, L.L.C.

Principal Place of Business **50 N. LAURA STREET SUITE 2800** JACKSONVILLE, FL 32202 Mailing Address 5

50 N. LAURA STREET **SUITE 2800**

JACKSONVILLE, FL 32202

FILED Apr 16, 2007 8:00 am Secretary of State

04-16-2007 90343 011 ****50.00

60036766



04112007 No Chg-LLC

CR2E083 (11/05)

| 4. FEI Number | | Applied For |
|----------------------------------|-------|----------------|
| 59-3705998 | | Not Applicable |
| 5. Certificate of Status Desired | \$5.0 | Additional |

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GIBBS, THOMAS E

50 N. LAURA STREET **SUITE 2800**

JACKSONVILLE, FL 32202

the obligations of registered agent.

| DO | NOT | WRITE |
|----|------|--------------|
| IN | THIS | SPACE |

| SIGNATURE_ | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | - DATE | | |
|--|---|--|--------|--|--|
| Fi D | ling Fee is \$50.00 ue by May 1, 2007 | | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GIBBS, THOMAS E 50 N LAURA ST STE 2800 JACKSONVILLE, FL 32202 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| 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. | | | | | |

Lhamas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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