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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
2004 MAY 24 PM 1:28
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

05062004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L01000015761

1. Entity Name
GOLDEN ESTATES, LLC

Principal Place of Business	Mailing Address
22 N. GOLDEN GEM DR UMATILLA, FL 32784	PO BOX 692411 ORLANDO, FL 32869

2. Principal Place of Business	3. Mailing Address
3441 Fox Wood Drive	3441 Fox Wood Drive
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: Titusville, FL	City & State: Titusville, FL
Zip: 32780 Country: USA	Zip: 32780 Country: USA

4. FEI Number: 59-3745866 ☐ 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
WOODS, JONATHAN D ESQ. 425 WEST COLONIAL DRIVE SUITE 204 ORLANDO, FL 32804	Name: Larry D. Merwin Street Address (P.O. Box Number is Not Acceptable): 3441 Fox Wood Drive City: Titusville FL Zip Code: 32780

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	QUACKENBUSH, JEFFREY R		NAME		
STREET ADDRESS	9956 KILGORE ROAD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32836		CITY-ST-ZIP		
TITLE	Manager	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Larry D. Merwin		NAME		
STREET ADDRESS	3441 Fox Wood Drive		STREET ADDRESS		
CITY-ST-ZIP	Titusville, FL 32780		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] MAY 7, 2004 321/267-0904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #