

AMENDED

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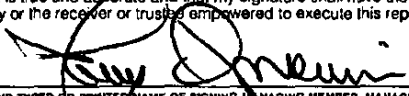
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**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

2004 MAY 24 PM 1:28

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L01000015761			
1. Entity Name GOLDEN ESTATES, LLC			
Principal Place of Business 22 N. GOLDEN GEM DR UMATILLA, FL 32784		Mailing Address PO BOX 692411 ORLANDO, FL 32869	
2. Principal Place of Business 3441 Fox Wood Drive		3. Mailing Address 3441 Fox Wood Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Titusville, FL		City & State Titusville, FL	
Zip 32780		Country USA	
4. FEI Number 59-3745866		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent WOODS, JONATHAN D ESQ. 425 WEST COLONIAL DRIVE SUITE 204 ORLANDO, FL 32804		7. Name and Address of New Registered Agent 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)			
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 NAME STREET ADDRESS CITY-ST-ZIP MGR QUACKENBUSH, JEFFREY R 9956 KILGORE ROAD ORLANDO, FL 32836 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Manager Larry D. Merwin 3441 Fox Wood Drive Titusville, FL 32780 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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: 		Date MAY 7, 2004 321/262-0904	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	