^{*}2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 18, 2008 08:00 AM **DOCUMENT # L01000015761 Secretary of State** 1. Entity Name **GOLDEN ESTATES, LLC** Principal Place of Business Mailing Address 3441 FOX WOOD DRIVE 3441 FOX WOOD DRIVE TITUSVILLE, FL 32780 TITUSVILLE, FL 32780 CR2E083 (12/07) 01042008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3745866 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MERWIN, LARRY D DO NOT WRITE 3441 FOX WOOD DRIVE TITUSVILLE, FL 32780 IN THIS SPACE 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 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 กวบวิดีนักดี-ดีก็กิดิวิ MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME MERWIN, LARRY D STREET ADDRESS 3441 FOX WOOD DRIVE CITY-ST-ZIP TITUSVILLE, FL 32780 TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE 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 fiability company of the receiver of trusted empowered to execute this report as required by Chapter 608. Florida Statutes.

INTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS