


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90117 038 \*\*\*\*50.00

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<b>DOCUMENT # L01000015761</b>		
1. Entity Name <b>GOLDEN ESTATES, LLC</b>		

Principal Place of Business <b>22 N. GOLDEN GEM DR UMATILLA FL 32784</b>	Mailing Address <b>P.O. BOX 69241 ORLANDO FL 32869</b>
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2. Principal Place of Business		3. Mailing Address <b>P.O. Box 69241</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Orlando FL</b>	
Zip	Country	Zip <b>32869</b>	Country <b>USA</b>



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-3745866</b>		Applic For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WOODS, JONATHAN D ESQ.  
15 WEST CHURCH STREET, SUITE 203  
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name **WOODS, JONATHAN D ESQ.**  
Street Address (P.O. Box Number is Not Acceptable)  
**425 W. COLONIAL DR. Suite 204**  
City **Orlando** FL Zip Code **32804**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2003</b>	
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR QUACKENBUSH, JEFFREY R 9956 KILGORE ROAD ORLANDO FL 32836</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Jeffrey Quackebush **SIGNATURE REQUIRED** **4-16-03** **407-925-4258**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)