

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90002 024 \*\*\*\*50.00

**DOCUMENT # L02000011443**

1. Entity Name

**GOLDEN STAR, L.L.C.**



Principal Place of Business

11010 HOOD ROAD SOUTH  
JACKSONVILLE FL 32257

Mailing Address

P.O. BOX 551260  
JACKSONVILLE FL 32255

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

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

**SCHNEIDER, MICHAEL N**  
**5150 BELFORT RD., BLDG. 100**  
**JACKSONVILLE FL 32256**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME *MGIMK*  
STREET ADDRESS *Qandah, Osama*  
CITY-ST-ZIP *11010 Hood Road S.*  
*JACKSONVILLE, FL 32257*

☐ Delete

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10. ADDITIONS/CHANGES

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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☐ 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:**

*SIGNATURE OF Qandah, Osama* *02/20/03* *904-262-7695*

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

Date

Daytime Phone #

CR2E083 (10/02)