

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 23, 2004 8:00 am
Secretary of State

09-23-2004 90069 003 ****50.00

DOCUMENT # L02000016107

1. Entity Name

GOLDEN POINT FARM, LLC



Principal Place of Business

ONE SOUTH OCEAN BOULEVARD STE. 324
BOCA RATON FL 33432

Mailing Address

ONE SOUTH OCEAN BOULEVARD STE. 324
BOCA RATON FL 33432

2. Principal Place of Business

3. Mailing Address

15050 Golden Point Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wellington, FL

Zip

Country

Zip

Country

33414

USA

4. FEI Number

55-0790931

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

BOTOS, MICHAEL E PA
C/O EDWARDS & ANGELL, LLP
ONE NORTH CLEMATIS STREET STE. 400
WEST PALM BEACH FL 33401

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 September 8, 2004

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
AGARDY, BRUCE D
ONE S. OCEAN BLVD STE 324
BOCA RATON FL 33432 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
AGARDY, JAN M
ONE S. OCEAN BLD STE 324
BOCA RATON FL 33432 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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:

Jan M. Agardy

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

9/1/04 561-793-5711

Date

Daytime Phone #