


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 18, 2006 8:00 am
Secretary of State

08-18-2006 90027 006 ****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 15050 GOLDEN POINT LANE WELLINGTON FL 33414
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2. Principal Place of Business	3. Mailing Address 4748 Garden Point
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Wellington FL
Zip	Country
	33414

2nd MOORE CR2E083 (4/06)

4. FEI Number 55-0790931	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BOTOS, MICHAEL E PA C/O EDWARDS & ANGELL, LLP ONE NORTH CLEMATIS STREET STE. 400 WEST PALM BEACH FL 33401	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

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 <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	MGRM AGARDY, JAN M ONE S. OCEAN BLD STE 324 BOCA RATON FL 33432 <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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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

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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Jan Agardy* *Jan Agardy* *8/8/06* *501 793-5711*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #