

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90133 046 \*\*\*138.75

<b>DOCUMENT # L02000026356</b> 1. Entity Name <b>GOLDENROD INVESTMENTS, LLC</b>					
Principal Place of Business <b>1602 RIO COVE COURT</b> <b>ORLANDO, FL 32825</b>			Mailing Address <b>1602 RIO COVE COURT</b> <b>ORLANDO, FL 32825</b>		
2. Principal Place of Business - No P.O. Box # <b>1625 S. CHICKASAW TR.</b> Suite, Apt. #, etc.		3. Mailing Address <b>1625 S. CHICKASAW TR.</b> Suite, Apt. #, etc.			
City & State		City & State		01312008    Chg-LLC    CR2E083 (12/06)	
Zip                      Country		Zip                      Country		4. FEI Number <b>68-0526353</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>MARCHENA, MARCOS R</b> <b>MARCHENA AND GRAHAM, P.A.</b> <b>976 LAKE BALDWIN LANE, SUITE 101</b> <b>ORLANDO, FL 32814</b>			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RIVERO, CARLOS A <del>1602 RIO COVE COURT</del> ORLANDO, FL 32825	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GIANNELLI, GERALD H 3680 HOLLYWOOD PLACE OVIEDO, FL 32766	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MENDENHALL, CHARLES R 11150 CLAPP SIMS DUDA ROAD ORLANDO, FL 32832	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MENDENHALL, BRIAN 19664 PEABODY STREET ORLANDO, FL 32833	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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.					
<b>SIGNATURE:</b> _____ <b>1/31/08</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #					