2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L03000008372**

1. Entity Name

GOLDEN REALTY ASSOCIATES, L.L.C.



FILED Apr 08, 2005 08:00 AM Secretary of State

Principal Place of Business

16855 NE 2ND AVENUE

SUITE 303

NORTH MIAMI BEACH, FL 33162

Mailing Address

16855 NE 2ND AVENUE SUITE 303

NORTH MIAMI BEACH, FL 33162



01102005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 57-1155687

| Applied For | Not Applicab

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDBERG, MICHAEL 16855 NE 2ND AVE. SUITE 303 NORTH MIAMI BEACH, FL 33162

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8.	The above named entity submits this stateme	ent for the purpose o	if changing its regis	stered office or registered agen	t, or both, in the State of Florida.	I am famillar with, and accer
	the obligations of registered agent.		-			
1						

SIGNATURE,

Signature, typed or printed name of registered agent and title if applicable.

(NOTE, Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2005

9.	9. MANAGING MEMBERS/MANAGERS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STATON, INGERBORG						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY - ST - ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET AODRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

U00000294144 04/08/05-80056-021 50.00

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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:

Mukail Juell

OPA MICHARL GOWIT

4/6/as

305-451-04