2005 LIMITED LIABILITY COMPANY

FILED AM

321-253-2059 Daytime Phone #

ANNUAL REPORT				Apr 14, 2005 08:00
DOCU	MENT # L0300001	2620		Secretary of State
1. Entity Nam GOLD KE	ne EY ENTERPRISES, LLC			
Principal Plac	e of Business	Mailing Address		
1445 COX R		PO BOX 410798	ı	
COCOA, FL 3	32923	MELBOURNE, FL 32941		
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DO NOT WRITE IN THIS SPACE				04042005No Chg-LLC CR2E083 (10/03)
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		and the second s	en eggete noom in die state.	5. Certificate of Status Desired 55.00 Additional Fee Required
	5. Name and Address of Curre	nt Registered Agent		i es regulad
BOUDREA	AUX, CHARLES E			DO NOT WRITE
4323 DAVIDIA DR. MELBOURNE, FL 32934				DO NOT WRITE
MILLEBOOL	WL, 12 32934			IN THIS SPACE
l		e se		an en
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, 1 am familiar with, and accept the obligations of registered agent.				
SIGNATURE Charles Roude Predellar 4-8-05				
Signature, typed or printed name of registered agent and title it applicable. (NOTE Registered Agent signature required when reinstating) DATE				
Filing Fee is \$50.00 Due by May 1, 2005				
9.		BERS/MANAGERS	1	
title Name	P BOUDREZUX, CHARLES		}	
STREET ADDRESS CITY-ST-ZIP	PO BOX 410798 MELBOURNE, FL 32941		1	
TITLE	WELBOOKNE, FL 32441		1	1100000305951 04/14/05-80108-001 55,00
NAME			1	04/14/05-80108-001 55.00
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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 might liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.				
Imilted liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				

Partue

URE: All Berry Mr Parties
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE