


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000015402 1. Entity Name THE GOLDEN GROUP, LLC	
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Principal Place of Business 138 E BLOOMINGDALE AVE BRANDON, FL 33511 US	Mailing Address 138 E BLOOMINGDALE AVE BRANDON, FL 33511 US
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01312005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent OWEN, JOSEPH C/O GOLDEN RULE MORTGAGE 138 E BLOOMINGDALE AVE BRANDON, FL 33511
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DO NOT WRITE IN THIS SPACE

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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM OWEN, JOSEPH 138 E BLOOMINGDALE AVE BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM OWEN, GAIL 138 E BLOOMINGDALE AVE BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALLEN, TODD 138 E BLOOMINGDALE AVE BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM OWEN, MICHAEL 138 E BLOOMINGDALE AVE BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM OWEN, AMY 138 E BLOOMINGDALE AVE BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>000000213192 02/03/05-80061-003 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Joseph M. Owen **JOSEPH M. OWEN** 1-31-05 813 - 653-2644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #