

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000015494

1. Entity Name
GOLDEN INVESTMENTS, LC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB -7 AM 10:41

Principal Place of Business
14765 COLLIER BOULEVARD
NAPLES, FL 34119

Mailing Address
14765 COLLIER BOULEVARD
NAPLES, FL 34119



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182007 Chg-LLC CR2E083 (12/06)

4. FEI Number
57-1170672

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VOLPE, MICHAEL J
C/O ROBINS, KAPLAN, MILLER & CIRESI LLP
711 FIFTH AVENUE SOUTH, SUITE 201
NAPLES, FL 34102

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE 1-29-07

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME MGRM
STREET ADDRESS HERNANDEZ, RUFINO A
CITY-ST-ZIP 2732 14TH STREET NORTH
NAPLES, FL 34103 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600087412946
02/06/07--01005--003 **350.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #