2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 15, 2006
Secretary of State

DOCUMENT# L03000019801

Entity Name: GOLDEN TRIANGLE HOLDINGS LLC

Current Principal Place of Business:

15443 NW 12TH COURT
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

Current Mailing Address:

15443 NW 12TH COURT
PEMBROKE PINES, FL 33028 US

New Mailing Address:

FEI Number: 81-0619312 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COBBETT, SHARI S
15443 NW 12TH COURT
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	SMITH, LON L	
Address:	4035 MIRAMAR WAY S	
City-St-Zip:	ST PETERSBURG, FL 33705	
Title:	MGRM	( ) Delete
Name:	SMITH, KURT S	
Address:	6204 E 93RD ST	
City-St-Zip:	TULSA, OK 74136	
Title:	MGRM	( ) Delete
Name:	COBBETT, SHARI S	
Address:	15443 NW 12TH COURT	
City-St-Zip:	PEMBROKE PINES, FL 33028	
Title:	MGRM	( ) Delete
Name:	BYFIELD, BRUCE B	
Address:	1500 MASSACHUSSETTS AVE APT 337	
City-St-Zip:	WASHINGTON, DC 20005	
Title:	MGRM	( ) Delete
Name:	MCLEISH, RICHARD A	
Address:	1500 MASSACHUSSETTS AVE APT 337	
City-St-Zip:	WASHINGTON, DC 20005	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LON L SMITH MGR 08/15/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date