


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
May 04, 2004 8:00 am
Secretary of State

04-19-2004 90035 029 ****50.00

DOCUMENT # L03000021708 - 1. Entity Name A GOLDEN EXPERIENCE, LLC	
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Principal Place of Business 840 W. NEW YORK AVE, STE. D DELAND FL 32720	Mailing Address 840 W. NEW YORK AVE, STE. D DELAND FL 32720
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2. Principal Place of Business 505 E. New York Ave Suite, Apt. #, etc. # 8	3. Mailing Address 505 E. New York Ave Suite, Apt. #, etc. # 8
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City & State DeLand, FL	City & State DeLand, FL
Zip 32724	Zip 32724
Country USA	Country USA

4. FEI Number 54-2114665	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent COOK, RICHARD R 840 W. NEW YORK AVE, STE. D DELAND FL 32720

7. Name and Address of New Registered Agent Name Richard R. Cook Street Address (P.O. Box Number is Not Acceptable) 505 E. New York Ave, Ste 8 City DeLand FL Zip Code 32724

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 <u><i>Richard R. Cook</i></u> DATE <u>3/19/04</u> <small>Signatures, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICE, ANDREW 840 W. NEW YORK AVE, STE. D DELAND FL 32720 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YORK-RICE, CORINNA 840 W. NEW YORK AVE, STE. D DELAND FL 32720 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u><i>C. York-Rice, MGRM</i></u> Date <u>4-14-04</u> (562) 429-5543 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>
