

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 01, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000021708

1. Entity Name  
 A GOLDEN EXPERIENCE, LLC



Principal Place of Business  
 505 W. NEW YORK AVE  
 #8  
 DELAND, FL 32724

Mailing Address  
 505 W. NEW YORK AVE  
 #8  
 DELAND, FL 32724



**DO NOT WRITE IN THIS SPACE**

07272005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 54-2114665	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**

COOK, RICHARD R  
 505 E. NEW YORK AVE.  
 STE 8  
 DELAND, FL 32724

**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 September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
 NAME RICE, ANDREW  
 STREET ADDRESS 840 W. NEW YORK AVE, STE. D  
 CITY-ST-ZIP DELAND, FL 32720

TITLE MGRM  
 NAME YORK-RICE, CORINNA  
 STREET ADDRESS 840 W. NEW YORK AVE, STE. D  
 CITY-ST-ZIP DELAND, FL 32720

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

00000375236  
 08/01/05-80010-012 50.00

**DO NOT WRITE IN THIS SPACE**

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: C. Y. Rice, MGRM

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

7-21-05 (562) 439-5543

Date

Daytime Phone #