


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90074 027 ****50.00

DOCUMENT # L03000035290

1. Entity Name
 WONEF-GOLDENROD, LLC



Principal Place of Business
 7147 NW 71 TERR
 PARKLAND, FL 33067

Mailing Address
 7147 NW 71 TERR
 PARKLAND, FL 33067

20014824



2. Principal Place of Business
 4240 NE 24 Ave

3. Mailing Address
 4240 NE 24 Ave

Suite, Apt. #, etc.

02142005 Chg-LLC CR2E083 (10/03)

City & State
 Lighthouse Point, FL

City & State
 Lighthouse Point, FL

Zip
 33064

Country
 USA

Zip
 33064

Country
 USA

4. FEI Number
 20-0232373

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, EDILBERTO J
 7147 NW 71 TERR
 PARKLAND, FL 33067

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 4240 NE 24 AVE

City
 Lighthouse Point

FL

Zip Code
 33064

B. 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:  DATE: 2-17-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

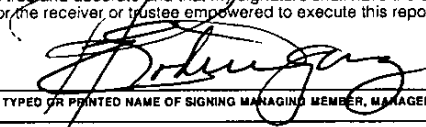
Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODRIGUEZ, EDILBERTO <input type="checkbox"/> Delete 7147 NW 71 TERR PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALSINDE, SERGIO <input type="checkbox"/> Delete 6640 SW 145TH TERR MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IZQUIERDO, ANGELO <input type="checkbox"/> Delete 1357 CANDY APPLE WAY OVIEDO, FL 32707
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4240 NE 24 AVE Lighthouse Point, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13145 Old Cutler Road Pinecrest, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1357 Candy Apple Way Oviedo, FL 32766
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:  DATE: Daytime Phone #

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