2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

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02142005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000035290

1. Entity Name
WONEF-GOLDENROD, LLC

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

2. Principal Place of Business	3. Mailing Address
4240 NE 24 Ave	4240 NE 24 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Lighthouse Point, FL	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~~
~~PARLAND, 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

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: _____ 2-17-05
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 May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	RODRIGUEZ, EDILBERTO	NAME	
STREET ADDRESS	~~7147 NW 71 TERR~~	STREET ADDRESS	4240 NE 24 Ave
CITY-ST-ZIP	~~PARKLAND, FL 33067~~	CITY-ST-ZIP	Lighthouse Point, FL 33064
TITLE	MGRM ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	BALSINDE, SERGIO	NAME	
STREET ADDRESS	~~6840 SW 145TH TERR~~	STREET ADDRESS	13145 Old Cutler Road
CITY-ST-ZIP	~~MIAMI, FL 33185~~	CITY-ST-ZIP	Pinecrest, FL 33156
TITLE	MGRM ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	IZQUIERDO, ANGELO	NAME	
STREET ADDRESS	1357 CANDY APPLE WAY	STREET ADDRESS	1357 Candy Apple Way
CITY-ST-ZIP	OVIEDO, FL ~~32767~~	CITY-ST-ZIP	Oviedo, FL 32766
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #