

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035290

Entity Name: WONEF-GOLDENROD, LLC

FILED  
Feb 13, 2006  
Secretary of State

**Current Principal Place of Business:**

4240 NE 24 AVE  
LIGHTHOUSE POINT, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

4240 NE 24 AVE  
LIGHTHOUSE POINT, FL 33064

**New Mailing Address:**

FEI Number: 20-0232373

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RODRIGUEZ, EDILBERTO J  
4240 NE 24 AVE  
LIGHTHOUSE POINT, FL 33064 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: MGRM ( ) Delete  
Name: RODRIGUEZ, EDILBERTO  
Address: 4240 NE 24 AVE  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: MGRM ( ) Delete  
Name: BALSINDE, SERGIO  
Address: 13145 OLD CUTLER ROAD  
City-St-Zip: PINECREST, FL 33156

Title: MGRM (X) Delete  
Name: IZQUIERDO, ANGELO  
Address: 1357 CANDY APPLE WAY  
City-St-Zip: OVIEDO, FL 32766

**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:

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: EDILBERTO RODRIGUEZ

MGRM

02/13/2006

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