

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040385

Entity Name: GOLDMEADOW, LC

FILED
Feb 05, 2005
Secretary of State

Current Principal Place of Business:

2253 SW 41 LANE
GAINESVILLE, FL 32608 US

New Principal Place of Business:

5745 SW 75TH ST
#295
GAINESVILLE, FL 32608 US

Current Mailing Address:

PO BOX 140703
GAINESVILLE, FL 326140703 US

New Mailing Address:

5745 SW 75TH ST
#295
GAINESVILLE, FL 32608 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANIS, JOSEPH M
2253 SW 41 LANE
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

SMOOT, CHRISTOPHER R
5745 SW 75TH ST
#295
GAINESVILLE, FL 32608 US

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: CHRISTOPHER SMOOT

02/05/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: STANIS, JOSEPH M
Address: 2253 SW 41 LANE
City-St-Zip: GAINESVILLE, FL 32608 US

Title: MGRM (X) Delete
Name: SMOOT, CHRISTOPHER R
Address: 2253 SW 41 LANE
City-St-Zip: GAINESVILLE, FL 32608 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SMOOT, CHRISTOPHER R
Address: 5745 SW 75TH ST #295
City-St-Zip: GAINESVILLE, FL 32608 US

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 Section 119.07(3)(i), 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: CHRISTOPHER SMOOT

MR.

02/05/2005

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