

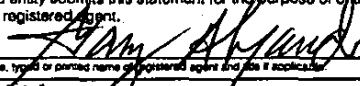
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Feb 09, 2005 8:00 am
Secretary of State

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2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

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30000299

DOCUMENT # L04000016374			
1. Entity Name GOLDEN PRIVATE EQUITY I, LLC.			
Principal Place of Business P.O. BOX 590 PALM CITY, FL 34991-0590		Mailing Address P.O. BOX 590 PALM CITY, FL 34991-0590	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ALEXANDER, GARY D 263 S.W. MATTERAS COURT PALM CITY, FL, FL 34991-0590		7. Name and Address of New Registered Agent Alexander, Gary D. CPA 1151 S.W. 30 th Street Suite E Palm City, FL 34990 Zip Code	
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  (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ALEXANDER, GARY D P.O. BOX 590 PALM CITY, FL 349910590 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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:  1/6/05 772-221-4806 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			