## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **DOCUMENT # L04000038215**

GOLDIN BROTHERS HACIENDA, LLC



**FILED** Mar 12, 2007 08:00 A Secretary of State

Principal Place of Business

9500 S. DADELAND BLVD., SUITE 600 MIAMI, FL 33156

Mailing Address

9500 S. DADELAND BLVD., SUITE 600 MIAMI, FL 33156



DO NOT WRITE IN THIS SPACE

03022007 No Chg-LLC CR2E083 (11/05)

> Applied For Not Applicable

5. Certificate of Status Desired

4. FEI Number 20-2822276

> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**GOLDIN, STEVEN E** 9500 S. DADELAND BLVD., SUITE 600 MIAMI, FL 33156

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of challons of registered agent.	anging its registered office or registered agent, or both,	in the State of Fiorida. I am familiar with, and accept
SIGNATURE			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE Registered Agent signature required when reinstating)	DATE
9.	lling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBERS/MANAGERS		
TITLE	P		
NAME	GOLDIN, STEVEN E	ł	
STREET ADDRESS	9500 S DADELAND BLVD STE 600		
CITY-ST-ZIP	MIAMI, FL 33156	i	U00000662569 03/21/07-80018-020 50 00
TITLE			

DO NOT WRITE

STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 tends as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP TITLE NAME

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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