

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2008 08:00 A
Secretary of State

DOCUMENT # L04000047889

1. Entity Name
GOLDEN B AND B, LLC



Principal Place of Business

**4418 CLEAR RIVER CT.
ORLANDO, FL 32817**

Mailing Address

**4418 CLEAR RIVER CT.
ORLANDO, FL 32817**



04022008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BARCLAY, WILLIAM M
4418 CLEAR RIVER CT.
ORLANDO, FL 32817**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

U000000881492
04/16/08-80003-008 138.75

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	PRES
NAME	BARCLAY, GAIL P
STREET ADDRESS	4418 CLEAR RIVER CT.
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	TRES
NAME	BARCLAY, WILLIAM M
STREET ADDRESS	4418 CLEAR RIVER CT.
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	VP
NAME	BEALE, NANCY
STREET ADDRESS	1224 IDAHO AVE.
CITY-ST-ZIP	CAPE MAY, NJ 08204
TITLE	SEC
NAME	BEALE, ALBERT F
STREET ADDRESS	1224 IDAHO AVE.
CITY-ST-ZIP	CAPE MAY, NJ 08204
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 report as required by Chapter 608, Florida Statutes.

SIGNATURE:

William M Barclay

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

4/2/08

Date

407-380-5330

Daytime Phone #