

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047889

Entity Name: GOLDEN B AND B, LLC

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

4418 CLEAR RIVER CT.
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

4418 CLEAR RIVER CT.
ORLANDO, FL 32817

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARCLAY, WILLIAM M
4418 CLEAR RIVER CT.
ORLANDO, FL 32817 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: PRES () Delete
Name: BARCLAY, GAIL P
Address: 4418 CLEAR RIVER CT.
City-St-Zip: ORLANDO, FL 32817

Title: TRES () Delete
Name: BARCLAY, WILLIAM M
Address: 4418 CLEAR RIVER CT.
City-St-Zip: ORLANDO, FL 32817

Title: VP () Delete
Name: BEALE, NANCY
Address: 1224 IDAHO AVE.
City-St-Zip: CAPE MAY, NJ 08204

Title: SEC () Delete
Name: BEALE, ALBERT F
Address: 1224 IDAHO AVE.
City-St-Zip: CAPE MAY, NJ 08204

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM M BARCLAY

MR

03/20/2009

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