

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000049264
 1. Entity Name
FLORIDA GOLD PROPERTY MANAGEMENT, LLC



Principal Place of Business PO BOX 470096, CELEBRATION, FL 34747	Mailing Address PO BOX 470096 CELEBRATION, FL 34747
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04252008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2426789	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
 THOMAS MCMAHON
 P.O. BOX 470096
 CELEBRATION, FL 34747

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)

00000922954

05/21/08-80065-008 138.75

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCMAHON, MAURA T 2877 BLOOMING ALAMANDA LOOP KISSIMMEE, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MCMAHON, THOMAS B 2877 BLOOMING ALAMANDA LOOP KISSIMMEE, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M GRAY, CHRISTINE 2877 BLOOMING ALAMANDA LOOP KISSIMMEE, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

Date _____ Daytime Phone # _____