

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063431

Entity Name: GOLDENROD VILLAS LLC

FILED  
Apr 04, 2006  
Secretary of State

**Current Principal Place of Business:**

PO BOX 353  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 353  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

FEI Number: 20-1556887

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COSTIUC, ALEXANDRU  
15350 EARHART PLACE  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

COSTIUC, ALEXANDRU  
1160 GOLDENROD RD  
WELLINGTON, FL 33414 US

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:

04/04/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: COSTIUC, ALEXANDRA  
Address: 15350 EARHART PLACE  
City-St-Zip: WELLINGTON, FL 33414

Title: MGR ( ) Delete  
Name: COSTIUC, SIMONA  
Address: 15350 EARHART PLACE  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: COSTIUC, ALEXANDRU  
Address: 1160 GOLDENROD RD  
City-St-Zip: WELLINGTON, FL 33414

Title: MGR (X) Change ( ) Addition  
Name: COSTIUC, SIMONA  
Address: 1160 GOLDENROD RD  
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the 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: ALEXANDRU COSTIUC

MGR

04/04/2006

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