2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

850 205-6035

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JAN 14 PM 3:50

DOCUMENT # L04000063431

1. Entity Name
GOLDENROD VILLAS LLC

Principal Place of Business	Mailing Address
PO BOX 353 LOXAHATCHEE, FL 33470	PO BOX 353 LOXAHATCHEE, FL 33470

01092008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2036 Sunderland Ave.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wellington, FL	City & State
Zip: 33414 Country	Zip Country

4. FEI Number: 20-1556887 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COSTIUC, ALEXANDRU ~~1160 GOLDENROD RD~~ 2036 SUNDERLAND AVE WELLINGTON, FL 33414	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR COSTIUC, ALEXANDRU ~~1160 GOLDENROD RD~~ 2036 Sunderland Ave WELLINGTON, FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2036 Sunderland Ave Wellington Fl 33414	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ~~COSTIUC, SIMONA~~ ~~1160 GOLDENROD RD~~ ~~WELLINGTON, FL 33414~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	01/14/08 90046 #88.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Alexandru Costiuc 1/9/08 561 795 8669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #