2007 LIMITED LIABILITY COMPANY

FILED Apr 30, 2007 8:00 am Secretary of State

ANNUAL REPORT					Secretary of State			
DOCUMENT # L04000070395				<u> </u>	04-30-200	7 90038 0	47 ****5	0.00
1. Entity Name GOLDEN PROPERTIES, L.L.C.								
				9				
Principal Place of Business		Mailing Address			088404	.		
18 N. BROAD ST. BROOKSVILLE, FL 34601		18 N. BROAD ST. Brooksville, Fl. 34601		3,0	, 0 0 -			
DKOOKSVILL	11.11. 34001	DROOKSVILLE, I'E 3400	<i>7</i> 1	1 10 0 110 11 11	NOSII BEDIL BELIL BELIL A	TIII TO IG 12011 4 011	19 (III 1812) AII	881
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252007	Chg·LLC	CR2E08	3 (12/06)	
City & State		City & State		4. FEI Numbe 74-313			- · · · · ·	plied For t Applicable
Zìp	Country	Zip	Country	. 5. Certificate	of Status Desired		5.00 Add	
	6. Name and Address of Current	Registered Agent	Name	7. Name and	Address of New	Registered A	gent	
GARY, BETH				(D.O. D N		-1-1		
18 N. BROAD ST. BROOKSVILLE, FL 34601			Street Addre	ss (P.O. Box Numbe	ir is Not Acceptat	DIB)		
* **			- 61		= W+T		1 7 0 4	
			City	· · · · · · · · · · · · · · · · · · ·		FL	Zip Code	
	named entity submits this statement fi tions of registered agent.	or the purpose of changing its r	egistered office or regi	stered agent, or bot	h, in the State of i	Florida. I am la	imiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	Registered Agent signature req	ured when reinstating)	- 	DATE		
	iling Fee is \$50.00 ue by May 1, 2007					ake check pa da Departme	•	
9.	MANAGING MEMB	ERS/MANAGERS	10.		ADDITION	S/CHANGES		
TITLE NAME	MGRM GARY, MARY BETH	☐ Defete	TITLE NAME				☐ Change	Addition
STREET ADDRESS	18 N. BROAD STREET SIRE		STREET ADDRESS					
CITY-ST-ZIP	BROOKSVILLE, FL 34601	☐ Delete	CITY-ST-ZIP TITLE		<u></u>		☐ Change	☐ Addition
NAME		Delete	NAME				change	L Addition
STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADORESS					
CITY - ST - ZIP			CITY-ST-ZIP		 			
TITLE NAME	!	☐ Delete	TITLE				Change	☐ Addition
TENTIFIC			MAME					
STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
		☐ Delete	STREET ADDRESS				☐ Change	☐ Addition
CITY-ST-ZIP FITLE NAME STREET ADDRESS		☐ Delate	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			<u> </u>	☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME		☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME				☐ Change	☐ Addition
CITY-SI-ZIP FITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME			STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					- 510
CITY-ST-ZIP FITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					- 510
CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP 11. hereby indicated	certify that the information supplied wid on this report is true and accurate an ability company or the receiver or trust	□ Delete Ih this filling does not qualify for does that my signature shall have it.	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP The exemptions contain the same legal effect as	if made under oath	; that I am a mar	I further certify laging membe	☐ Change	Addition ormation