## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L04000073528** 

1. Entity Name
GOLDEN SOUTH, LLC



FILED
Mar 03, 2008 08:00 A
Secretary of State

Principal Place of Business

2152 14TH CIRCLE NORTH ST PETERSBURG, FL 33713 Mailing Address

2152 14TH CIRCLE NORTH ST PETERSBURG, FL 33713



01232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-1234250 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HINES, J. BRADFORD 100 FIRST AVENUE SOUTH, SUITE 500 ST PETERSBURG, FL 33701

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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	a. I am familiar with, and accept
the obligations of registered agent.	

SIGNATURE.

Signature, typed or printed name of registered agent and little 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

U00000845186 03/13/08-80029-010 138.75

MANAGING MEMBERS/MANAGERS 9. TITLE AQUIRRE, FREDERICO C NAME STREET ADDRESS 5115 OLD ELLIS POINTE ROSWELL, GA 30076 CITY-ST-ZIP TITLE NAME SERTICH, LARRY 5115 OLD ELLIS POINTE STREET ADDRESS CITY-ST-ZIP ROSWELL, GA 30076 TITLE SCHERER, CLARK H III NAME STREET ADDRESS 2152 14TH CIRCLE N CITY-ST-ZIP SAINT PETERSBURG, FL 33713 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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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 imited liability company or the project or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-7IP

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

II

727.327.1289

Daytime Phone #