2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L05000010329

Entity Name: GOLD STAR MANUFACTURING LLC

Current Principal Place of Business:

709 MARTINIQUE CT
ORANGE PARK, FL 32073 US

New Principal Place of Business:

369 BLANDING BL.,
BLDG 912
ORANGE PARK, FL 32073 US

Current Mailing Address:

P. O. BOX 1987
ORANGE PARK, FL 32067 US

New Mailing Address:

FEI Number: 61-1482769 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARNES, MARION R
709 MARTINIQUE CT
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BARNES, MARION R
Address: 709 MARTINIQUE CT
City-St-Zip: ORANGE PARK, FL 32073 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: POSSEHL, VIRGINIA T
Address: 501 59TH STREET
City-St-Zip: HOLMES BEACH, FL 34217 US

Title: MGR ( ) Change (X) Addition
Name: BARNES, ROBERT T
Address: 8168 HONEYSUCKLE LANE
City-St-Zip: JACKSONVILLE, FL 32244 US

I hereby certify that the information supplied with this filing does not qualify 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: MARION R BARNES MGRM 04/29/2008

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