

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010782

FILED
Apr 24, 2006
Secretary of State

Entity Name: GOLDEN LOOP NETWORK L.L.C.

Current Principal Place of Business:

11455 SW 139TH ST.
DUNNELLON, FL 34432

New Principal Place of Business:

17931 PALOMINO LAKES DRIVE
SUITE 200
DADE CITY, FL 33523

Current Mailing Address:

11455 SW 139TH ST.
DUNNELLON, FL 34432

New Mailing Address:

17931 PALOMINO LAKES DRIVE
SUITE 200
DADE CITY, FL 33523

FEI Number: 32-0139732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEITH, LOIS
11455 SW 139TH ST.
DUNNELLON, FL 34432 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: KEITH, TODD
Address: 11455 SW 139TH ST.
City-St-Zip: DUNNELLON, FL 34432

Title: MGRM () Delete
Name: KEITH, JESSICA EILE
Address: 11455 SW 139TH ST.
City-St-Zip: DUNNELLON, FL 34432

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KEITH, TODD
Address: 17931 PALOMINO LAKES DRIVE
City-St-Zip: DADE CITY, FL 33523

Title: MGRM (X) Change () Addition
Name: KEITH, JESSICA EILE
Address: 17931 PALOMINO LAKES DRIVE
City-St-Zip: DADE CITY, FL 33523

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: JESSICA EILE KEITH

MGRM

04/24/2006

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