

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022343

FILED
Jan 30, 2006
Secretary of State

Entity Name: GOLDEN ACRES PROPERTIES LLC

Current Principal Place of Business:

12369 S.W. 132 CT
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

12369 S.W. 132 CT
MIAMI, FL 33186

New Mailing Address:

FEI Number: 20-2632664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, CHARLES A
12369 S.W. 132 CT.
MIAMI, FL, FL 33186 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: MGR () Delete
Name: WOOD, CHARLES A
Address: 15051 S.W. 153 PL
City-St-Zip: MIAMI, FL 33196

Title: MGR () Delete
Name: LAIDLEY, MARK A
Address: 15771 S.W. 147 ST.
City-St-Zip: MIAMI, FL 33196

Title: MGRM () Delete
Name: WOOD, ALZAIR L
Address: 15051 S.W. 153 PL.
City-St-Zip: MIAMI, FL 33196

Title: MGRM () Delete
Name: LAIDLEY, GENEVIEVE R
Address: 15771 S.W. 147 ST
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES:

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

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

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

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

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: ALZAIR WOOD

MGRM

01/30/2006

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