

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90061 045 ****50.00

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DOCUMENT # L05000023156 1. Entity Name GOLDEN ROSE PROPERTIES LLC					
Principal Place of Business 5629 WHISPERWOOD BLVD., #801 NAPLES, FL 34110			Mailing Address BRUCE E. GOLDSTEIN 1900 NORTH SECOND STREET MINNEAPOLIS, MN 55411		
2. Principal Place of Business Florida Suite, Apt. #, etc. # 801 5629 Whisperwood Blvd City & State Naples Florida Zip 34110 Country Collier		3. Mailing Address 1900 North Second St Suite, Apt. #, etc. City & State Minneapolis MN Zip 55411 Country Minneapolis		01122006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 84-1672444				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent GOLDSTEIN, BRUCE E 5629 WHISPERWOOD BLVD., #801 NAPLES, FL 34110	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDSTEIN, BRUCE E 2110 AUSTRIAN PINE LANE MINNETONKA, MN 55305	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDSTEIN, KAY E 2110 AUSTRIAN PINE LANE MINNETONKA, MN 55305	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSEN, LARRY R 10100 30TH AVE. NO PLYMOUTH, MN 55441	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			SIGNATURE: <i>Bruce E. Goldstein</i> Bruce E. Goldstein 1-12-2006 612-366-3861 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		