

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023156

FILED  
Jan 11, 2007  
Secretary of State

Entity Name: GOLDEN ROSE PROPERTIES LLC

## Current Principal Place of Business:

5629 WHISPERWOOD BLVD., #801  
NAPLES, FL 34110

## New Principal Place of Business:

5880 PARADISE CIRCLE  
NAPLES, FL 34110

## Current Mailing Address:

BRUCE E. GOLDSTEIN  
1900 NORTH SECOND STREET  
MINNEAPOLIS, MN 55411

## New Mailing Address:

FEI Number: 84-1672444      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOLDSTEIN, BRUCE E  
5629 WHISPERWOOD BLVD., #801  
NAPLES, FL 34110      US

## Name and Address of New Registered Agent:

GOLDSTEIN, BRUCE E  
5880 PARADISE CIRCLE  
NAPLES, FL 34110      US

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: BRUCE E. GOLDSTEIN

01/11/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: GOLDSTEIN, BRUCE E  
Address: 2110 AUSTRIAN PINE LANE  
City-St-Zip: MINNETONKA, MN 55305

Title: MGRM ( ) Delete  
Name: GOLDSTEIN, KAY E  
Address: 2110 AUSTRIAN PINE LANE  
City-St-Zip: MINNETONKA, MN 55305

## ADDITIONS/CHANGES:

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: BRUCE E. GOLDSTEIN

MGR

01/11/2007

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