## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L05000032385** 

1. Entity Name
GOLDEN ESTATE TAMARAC LLC



FILED Apr 09, 2007 08:00 Al Secretary of State

Principal Place of Business

8303 NW 73 TERRACE TAMARAC, FL 33321 Mailing Address

1055 PALAMA WAY LANTANA, FL 33462



03222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	 Applied For
55-0894312	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

1055 PALA	GARCIA, AGUSTIN AMA WAY , FL 33462	DO NOT WRITE IN THIS SPACE	
8. The above the obligat	named entity submits this statement for the purpose of chairons of registered agent.	nging its registered office or registered agent, or both. in the State of Florida. I am familiar with, and	accept
DIGNATORE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)  DATE	_
D	iling Fee is \$50.00 ue by May 1, 2007		-
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS  MGRM ALJURE-GARCIA, AGUSTIN 1055 PALAMA WAY LANTANA, FL 33462	U00000695354	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALJURE, LIJANNA 1055 PALAMA WAY LANTANA, FL 33462	04/17/07-80056-022 50	.00

DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with his 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 pocurate 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 of true telephone and the execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PR

TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME OF SENING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

03.22.07

(954) 464674

Daylime Phone #