

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000034883

FILED  
May 16, 2008  
Secretary of State

Entity Name: GOLDEN FLORIDA PROPERTIES LLC

## Current Principal Place of Business:

208 N UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024

## New Principal Place of Business:

10796 PINES BLVD  
SUITE 204  
PEMBROKE PINES, FL 33026 US

## Current Mailing Address:

10796 PINES BLVD  
SUITE # 204  
PEMBROKE PINES, FL 33026

## New Mailing Address:

10796 PINES BLVD  
SUITE 204  
PEMBROKE PINES, FL 33026 US

FEI Number: 20-2796150      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

MOYAL, PATRICK  
10796 PINES BLVD  
SUITE #204  
PEMBROKE PINES, FL 33026 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: LEGUIDE, LAURENT  
Address: 5324 FISHER ISLAND DRIVE  
City-St-Zip: MIAMI, FL 33109

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: LEGUIDE, LAURENT  
Address: 5324 FISHER ISLAND DRIVE  
City-St-Zip: MIAMI, FL 33109 US

I hereby certify that the information supplied with this filing does not qualify 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: LAURENT LEGUIDE

MGRM

05/16/2008

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