2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2006
Secretary of State

DOCUMENT# L05000035860

Entity Name: GOLDEN LEAF INSURANCE LLC

Current Principal Place of Business:

205 W WASHINGTON ST
SUITE C
MINNEOLA, FL 34715 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2018
MINNEOLA, FL 34755 US

New Mailing Address:

FEI Number: 20-2664594 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KABA CONSULTING INC
205 W WASHINGTON ST
SUITE C
MINNEOLA, FL 34715 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: APONTE, JANICE
Address: 1307 RAIN FOREST LN
City-St-Zip: MINNEOLA, FL 34715 US

Title: MGR ( ) Delete
Name: APONTE, CARLOS
Address: 1307 RAIN FOREST LN
City-St-Zip: MINNEOLA, FL 34715 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: KABA, JANICE
Address: 1307 RAIN FOREST LN
City-St-Zip: MINNEOLA, FL 34715 US

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: JANICE KABA MGR 02/03/2006

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