

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045692

Entity Name: EN GOLDEN STATE, LLC

FILED  
May 08, 2008  
Secretary of State

## Current Principal Place of Business:

2500 EAST HALLANDALE BEACH BLVD.  
SUITE 403  
HALLANDALE, FL 33009 US

## New Principal Place of Business:

16375 NE 18TH AVE  
SUITE 302  
NORTH MIAMI, FL 33162 US

## Current Mailing Address:

2500 EAST HALLANDALE BEACH BLVD.  
SUITE 403  
HALLANDALE, FL 33009 US

## New Mailing Address:

16375 NE 18TH AVE  
SUITE 302  
NORTH MIAMI, FL 33162 US

FEI Number: 20-2826759      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:

## Name and Address of New Registered Agent:

ROSENTHAL, KERRY E ESQ.  
C/O ROSENTHAL ROSENTHAL RASCO  
2875 N.E. 191ST STREET, SUITE 500  
AVENTURA, FL 33180 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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: ROSENTHAL, KERRY E  
Address: 2875 N.E. 191ST STREET, SUITE 500  
City-St-Zip: AVENTURA, FL 33180

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KERRY E. ROSENTHAL

MGR

05/08/2008

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