2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2007
Secretary of State

DOCUMENT# L05000056672

Entity Name: GOLDEN GROVE PROPERTIES, LLC

Current Principal Place of Business:

4755 WATERSIDE POINTE CIRCLE
ORLANDO, FL 32829

New Principal Place of Business:

500 STATE ROAD 436
2036
CASSELBERRY, FL 32707

Current Mailing Address:

4755 WATERSIDE POINTE CIRCLE
ORLANDO, FL 32829

New Mailing Address:

500 STATE ROAD 436
2036
CASSELBERRY, FL 32707

FEI Number: 01-0838453 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, DELMONICA I
10203 ANDOVER POINTE CIRCLE
ORLANDO, FL 32825 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: SONGIE, NEKEISHA D
Address: 4755 WATERSIDE POINTE CIRCLE
City-St-Zip: ORLANDO, FL 32829

Title: MGR ( ) Delete
Name: THOMPSON, DELMONICA I
Address: 10203 ANDOVER POINTE CIRCLE
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SONGIE, NEKEISHA D
Address: 500 STATE ROAD 436 SUITE# 2036
City-St-Zip: CASSELBERRY, FL 32707

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: DELMONICA THOMPSON MGR 04/28/2007

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