

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056672

FILED
Apr 25, 2008
Secretary of State

Entity Name: GOLDEN GROVE PROPERTIES, LLC

Current Principal Place of Business:

500 STATE ROAD 436
2036
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

500 STATE ROAD 436
2036
CASSELBERRY, FL 32707

New Mailing Address:

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:

SONGIE, NEKEISHA I
500 STATE ROAD 436
2036
CASSELBERRY, FL 32707 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: NEKEISHA SONGIE

04/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM (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: NEKEISHA SONGIE

MGRM

04/25/2008

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