


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90033 014 \*\*\*\*50.00

<b>DOCUMENT # L05000063660</b> 1. Entity Name <b>GOLDEN OPPORTUNITIES, LLC</b> <i>n/k/a ccc, llc</i>					
Principal Place of Business <b>PO BOX 21086</b> <b>ST PETERSBURG, FL 33742 US</b>			Mailing Address <b>PO BOX 21086</b> <b>ST PETERSBURG, FL 33742 US</b>		
2. Principal Place of Business <i>4400 4th St N</i>		3. Mailing Address <i>1901 Iowa Ave NE</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <i>St. Pete FL</i>		City & State <i>St Pete FL</i>		4. FEI Number <b>20-3285522</b>	
Zip <i>33703</i>		Country <i>USA</i>		Applied For Not Applicable	
Zip <i>33703</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ACCU-TAX</b> <b>7850 ULMERTON RD</b> <b>#3B</b> <b>LARGO, FL 33771</b>			7. Name and Address of New Registered Agent Name <b>BRIAN STORMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>1901 IOWA AVENUE NE</b> City <b>ST PETERSBURG</b> <b>FL</b> Zip Code <b>33703</b>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>[Signature]</i> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARPER, PAIGE G PO BOX 21086 ST PETERSBURG, FL 33742		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRIAN STORMAN 1901 IOWA AVE NE ST PETE FL 33703	
	Delete <input checked="" type="checkbox"/>			Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
	Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
	Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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	Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
	Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <i>4/7/06</i> (727) 522-4488 <small>Daytime Phone #</small>		