

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070365

FILED  
Apr 14, 2008  
Secretary of State

Entity Name: GOLDEN PASCO PARTNERS IV, LLC

## Current Principal Place of Business:

1401 GULF BLVD  
11  
INDIAN ROCKS BEACH, FL 33785 US

## New Principal Place of Business:

2534 GULFBREEZE CIRCLE  
PALM HARBOR, FL 34683 US

## Current Mailing Address:

1401 GULF BLVD  
11  
INDIAN ROCKS BEACH, FL 33785 US

## New Mailing Address:

2534 GULFBREEZE CIRCLE  
PALM HARBOR, FL 34683 US

FEI Number: 20-3159795

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARK, FOUSHEE  
2534 GULFBREEZE CIRCLE  
PALM HARBOR, FL 34683 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: MGRM ( ) Delete  
Name: FOUSHEE, DAVID  
Address: 7711 VISAO DRIVE  
City-St-Zip: SCOTTSDALE, AZ 85262 US

Title: MGRM ( ) Delete  
Name: FOUSHEE, ROSS  
Address: 233 LOS PRADOS DRIVE  
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: MGRM ( ) Delete  
Name: FOUSHEE, MARK  
Address: 1401 GULF BLVD STE 11  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785 US

Title: MGRM ( ) Delete  
Name: HYDEMAN, RICHARD  
Address: 116 COUNTRY FLOWERS ROAD  
City-St-Zip: NEWARK, DE 19711 US

Title: MGRM ( ) Delete  
Name: GENTES, CAROL M  
Address: 116 COUNTRY FLOWERS ROAD  
City-St-Zip: NEWARK, DE 19711 US

Title: MGRM ( ) Delete  
Name: FOUSHEE, CHUN-CHA  
Address: 7711 VISAO DRIVE  
City-St-Zip: SCOTTSDALE, AZ 85262 US

## ADDITIONS/CHANGES:

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

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

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

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

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

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: MARK FOUSHEE

MGRM

04/14/2008

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