2007 LIMITED LIABILITY COMPANY

	ANNUAL	REPORT (AR)	1	1			
DOCUMENT # L05000074273 1. Entity Name						FILED	
GOLDEN BOYS INVESTMENT LLC						07 OCT -5 PA	1:37
Principal Plac	e of Business	Mailing Address				SECRETARY OF TALLAHASSEE F	0=
3024 NE 210 STREET 3024 NE 210 STREET						ALLAHASSEF E	STATE
AVENTURA FL 33180 AVENTURA FL 33180							A A
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3 0 2 4 N · F. 2 10 S + 4 Veu TUPA 71 · 3 Suite Aot. #. etc. Suite Aot. #. etc.				\$0.			
Suile, Apt.	#, etc.	Suite, Apt. #, etc.			2nd MOORE	CR2E083 (4/07)	
City & Stat	e	City & State			4. FEI Number 20-3231450) - -	pplied For a Applicable
Zip	Country	Zip	Countr	у	5. Certificate of Status Desired	S5.00 Add Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
01100001100 14.000				Name]
SHPRECHER, JACOB 3024 NE 210 STREET AVENTURA FL 33180				Street Address (P.O. Box Number is Not Acceptable)			
				- SA	1,6		
				City - GV	ue	FL Zip Code	e
8. The above	named entity submits this statement	for the purpose of changing its	registered	d office or register	ed agent, or both, in the State of Flo	orida. I am familiar with,	and accept
the obligations of registered agent.							
SIGNATURE Signature, hour or protect sharpe of registered agent and tille if applicable (NOTE Registered Agent signature required when reinstalling) DATE							
FILE NOW!!! FEE IS \$50:00 Make Check Payable to Florida Department of State Due By September 5, 2007							
9.	MANAGING MEME	BERS/MANAGERS	10.	egan wanginingsi e	ADDITIONS/	CHANGES	
TITLE	MGRM	☐ Delete	TITLE			☐ Change	Addition
	SHPRECHER, JACOB 3024 NE 210 STREET S18			10001.00	4001100 5 03/28/0701050	59454	
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CITY-ST-ZIP			CITY-S				
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TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME			A' 1	
STREET ADDRESS CITY-ST-ZIP			CITY-S	T ADDRESS ST-ZIP		Θ	
11. Thereby 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 he 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.							
77/- 0/15/07							
SIGNAT			UMIIANIAA ATTA	1 1/4 1	n ~		
	SIGNATURE AND TYPED OR PRINTED NAME	OF SIGNING MANAGING MEMBER, MAN	NAGER, OR A	AUTHORIZED REPRESE	NTATIVE Date	Daytime Phone #	