

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG -7 AM 9:58

DOCUMENT # L05000076138					
1. Entity Name GOLDEN FIVE, LLC					
Principal Place of Business 2917 S.W. 22ND CIRCLE, #34A DELRAY BEACH, FL 33445			Mailing Address 2917 S.W. 22ND CIRCLE, #34A DELRAY BEACH, FL 33445		
2. Principal Place of Business 549 LA GORCE DR Suite, Apt. #, etc.		3. Mailing Address 549 LA GORCE DR. Suite, Apt. #, etc.			
City & State VENICE, FL		City & State VENICE, FL		4. FEI Number 68-0613110	
Zip 34293		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HAMLET, JANICE M 2917 S.W. 22ND CIRCLE, E34A DELRAY BEACH, FL 33445				7. Name and Address of New Registered Agent Name: HAMLET, JANICE M. Street Address (P.O. Box Number is Not Acceptable): 549 LA GORCE DRIVE City: VENICE FL Zip Code: 34293	
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: <u>Janice M. Hamlet</u> DATE: <u>8/3/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 8, 2006			PD #50 Make check payable to Florida Department of State 4/28/06 ck# 1003		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER <input type="checkbox"/> Delete JANICE M. HAMLET 549 LA GORCE DRIVE VENICE, FL 34293				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 05/02/06 90038 023 \$50.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>Janice M. Hamlet</u> DATE: <u>8/3/06</u> (954) 303-5092 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					