

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083362

FILED  
May 02, 2007  
Secretary of State

Entity Name: GOLDEN TEAM PROPERTIES, LLC

## Current Principal Place of Business:

151 SE 15TH ROAD, #201  
MIAMI, FL 33129

## New Principal Place of Business:

5959 BLUE LAGOON DR  
SUITE 101  
MIAMI, FL 33126

## Current Mailing Address:

151 SE 15TH ROAD, #201  
MIAMI, FL 33129

## New Mailing Address:

5959 BLUE LAGOON DR  
SUITE 101  
MIAMI, FL 33126

FEI Number: 20-3354156      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

SANTACOLOMA, HERNANDO  
151 SE 15 ROAD  
SUITE 201  
MIAMI, FL 33129 US

## Name and Address of New Registered Agent:

SANTACOLOMA, HERNANDO  
5959 BLUE LAGOON DR  
SUITE 101  
MIAMI, FL 33126 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:

05/02/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SANTACOLOMA, HERNANDO  
Address: 151 SE 15TH ROAD, #201  
City-St-Zip: MIAMI, FL 33129

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SANTACOLOMA, HERNANDO  
Address: 5959 BLUE LAGOON DR. SUITE 101.  
City-St-Zip: MIAMI, FL 33126

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: HERNANDO SANTACOLOMA

MGRM

05/02/2007

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