2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008
Secretary of State

DOCUMENT# L05000083362

Entity Name: GOLDEN TEAM PROPERTIES, LLC

Current Principal Place of Business:

5959 BLUE LAGOON DR
SUITE 101
MIAMI, FL 33126

New Principal Place of Business:

10720 SW 77 AVE
SUITE 203
PINECREST, FL 33156

Current Mailing Address:

5959 BLUE LAGOON DR
SUITE 101
MIAMI, FL 33126

New Mailing Address:

10720 SW 77 AVE
SUITE 203
PINECREST, FL 33156

FEI Number: 20-3354156 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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
5959 BLUE LAGOON DR
SUITE 101
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

SANTACOLOMA, HERNANDO
10720 SW 77 AVE
SUITE 203
MIAMI, FL 33156 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: HERNANDO SANTACOLOMA 05/06/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SANTACOLOMA, HERNANDO
Address: 10720 SW 77 AVE. SUITE 203
City-St-Zip: PINECREST, FL 33156

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 05/06/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date