## FILED Mar 08, 2006 8:00 am Secretary of State 02-23-2006 90229 045 \*\*\*\*50.00 2/2

| DOCUMENT # L05000083824  1. Entity Name GOLDEN ESTATES 92, LLC  |   |  |  |                                 |  |   | 02-23-200  | 06 90229 0                          | 45 ***               | **50.00                 |
|---|---|--|--|---------------------------------|--|---|--|-------------------------------------|----------------------|-------------------------|
| Principal Place of Business<br>12422-92ND WAY<br>LARGO, FL 33777  |   |  | Mailing Address 12422-92ND WAY LARGO, FL 33777   |                                 |  | 30001337  |  |                                     |                      |                         |
| 2. Principal Place of Business  |   |  | 3. Mailing Address   |                                 |  |   |  |                                     |                      |                         |
| Suite, Apt. #, etc.   |   |  | Suite, Apt. #, etc.  |                                 |  | 02162008  | Chg-LLC  | CR2E083                             | (1 1/05)             |                         |
| City & State  |   |  | City & State   |                                 |  | 4. FEI Numbe  | -36-6  | <del>02+3</del><br>NJ               | ) ·                  | plied For<br>Applicable |
| Zip   | Country   |  | Zip Coun   |                                 | try  | <u> </u>  | of Status Desired  | Fee                                 | DO Add<br>Required   |                         |
|   | 6. Name   | and Address of Current R   | legistered Agent   |                                 | Name   | 7. Name and   | Address of New R   | egistered Age                       | nt                   |                         |
| LOVELACI  |   |  |  |                                 |  | P.O. Box Numbe  | r is Not Acceptable                                      | 3)                                  |                      |                         |
| CLEARWATER, FL 33756  |   |  |  |                                 |  |   |  | ·                                   |                      | <del></del>             |
|   |   |  |  |                                 | City   | <del>-</del>  |  | FL                                  | Zip Code             | •                       |
| 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  Signature: typed or printed/nume of regretered agent and site if applicable. (NOTE: Registered Agent agents agenture required when reinstating)  DATE  |   |  |  |                                 |  |   |  |                                     |                      |                         |
|   | Signatura, types                                    | or printed/serve of registered agent =   | и вин и аррисална.   | Registere                       | d Agent signature required                                       | ( when reinstating)   |  | DATE                                |                      |                         |
| Filing Fee is \$50.00<br>Due by May 1, 2006   |   |  | :  |                                 |  |   |  | e check paya<br>ı Department        |                      | , ,                     |
| 9.  |   | MANAGING MEMBER  | RS/MANAGERS  | 10.                             |  | 1   | ADDITIONS/   | CHANGES                             |                      |                         |
| TITLE   | MGRM  | TTO EDANK I  | ☐ Delete   | TITLE                           | I  | <del></del>   |  |                                     | Change               | ☐ Addition              |
| NAME<br>STREET ADDRESS  |   | NETTO, FRANK J<br>ND WAY :   |  | STRE                            | E<br>Et address  |   |  |                                     |                      |                         |
| CITY-ST-ZIP   | ľ   | L 33777 ;  |  |                                 | - ST - ZIP   |   |  |                                     | · <u></u>            |                         |
| MILE  | MGRM  | CTTO DATOICIA A  | ☐ Deteta   | пц                              | l l  |   |  |                                     | Change               | Addition                |
| NAME<br>STREET ADDRESS  | 12422-92  | ETTO, PATRICIA A<br>ND WAY   |  | NAM<br>STRE                     | E<br>Et adoress  |   |  |                                     |                      |                         |
| CITY-ST-ZP  | LARGO, I  |  |  | -ST-ZIP                         |  | · ·   |  |                                     |                      |                         |
| TITLE   |   |  | ☐ Delete   | TITLE                           | l l  |   |  |                                     | Change               | Addition                |
| NAME<br>STREET ADDRESS  |   |  |  | NAM                             | E<br>Et address  |   |  |                                     |                      | Į                       |
| CITY-ST-ZIP   |   |  |  |                                 | -ST-ZiP  |   |  |                                     |                      |                         |
| TATLE   |   |  | ☐ Delete   | TITLE                           |  |   |  |                                     | Change               | ☐ Addition              |
| NAME<br>STREET ADDRESS  | [   |  |  | STRE                            | ET ADDRESS   |   |  |                                     |                      |                         |
| CITY-ST-ZP  |   |  |  |                                 | -ST-ZIP  |   |  |                                     |                      |                         |
| TITLE   |   |  | ☐ Delete   | tnu                             |  |   | - 10   | ٥                                   | Change               | Addition                |
| NAME<br>STREET ADDRESS  |   |  |  | NAME<br>STRE                    | E<br>ET ADDRESS  |   |  |                                     |                      |                         |
| CITY-ST-ZIP   | ]   |  |  | 1                               | -ST-ZIP  |   |  |                                     |                      |                         |
| TITLE   |   |  | Delete   | TITLE                           | :  |   |  |                                     | Change               | Addition                |
| NUME<br>CTREET ADDRESS  |   |  |  | KAM                             |  |   |  |                                     |                      |                         |
| STREET ADDRESS<br>CITY-ST-ZIP   | 1   |  |  |                                 | et adoress<br>- St - Zip   |   |  |                                     |                      |                         |
| 11. I hereby certify that the information supplied with this filling 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 of studies empowered to execute this report as required by Chapter 608. Florida Statutes. |   |  |  |                                 |  |   |  |                                     |                      |                         |
| 11. I hereby of<br>indicated<br>limited lia   | certify that the<br>lon this reportibility compared | e information supplied with<br>rt is true and accurate and t<br>ny or the receiver or sustee | this filing does not qualify for<br>but my signature shall have t<br>empowered to execute this r | the exer<br>he same<br>eport as | mptions contained<br>e legal effect as if n<br>required by Chapt | in Chapter 119, i<br>nade under oath;<br>ter 608, Florida S | Florida Statutes, I fu<br>that I am a manag<br>tatutes.  | rther certify that<br>ing member or | the infor<br>manager | mation<br>of the        |
| 11. I hereby of indicated limited lia   | on this reportion                                   | e information supplied with<br>n igitue and agourste and i<br>ny or the receiver of susee    | this filing does not qualify for<br>but my signature shall have t<br>empoyered to execute this r | the exer<br>he same<br>eport as | mptions contained<br>legal effect as if n<br>required by Chapi   | nade under oath;<br>ter 608, Florida S                      | Florida Statutes. I fu<br>that I am a manag<br>statutes. | other certify that<br>ing member or | the infor<br>manager | mation<br>of the        |



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 24, 2006

GOLDEN ESTATES 92, LLC 12422-92ND WAY LARGO, FL 33777

Subject: GOLDEN ESTATES 92, LLC

Reference Number:

L05000083824

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cd ANNUAL REPORTS SECTION