

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000083824**

1. Entity Name  
**GOLDEN ESTATES 92, LLC**



Principal Place of Business  
**12422-92ND WAY**  
**LARGO, FL 33777**

Mailing Address  
**12422-92ND WAY**  
**LARGO, FL 33777**

**DO NOT WRITE IN THIS SPACE**



01082008No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>05-5360213</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LOVELACE, WILLIAM K**  
**401 S. LINCOLN AVE.**  
**CLEARWATER, FL 33756**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIBENEDETTO, FRANK J 12422-92ND WAY LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIBENEDETTO, PATRICIA A 12422-92ND WAY LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000822660  
 02/20/08-80006-020 138.75

**DO NOT WRITE IN THIS SPACE**

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: *Frank J. Dibeneditto* 2/7/08 727/647/2323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #