

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102837

FILED  
May 04, 2009  
Secretary of State

Entity Name: GOLDEN GLADES CROSSINGS, LLC

**Current Principal Place of Business:**

95 MERRICK WAY SUITE #380  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

95 MERRICK WAY SUITE #380  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 20-4773434      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:**

**Name and Address of New Registered Agent:**

ZIV, JAY A  
95 MERRICK WAY SUITE #380  
CORAL GABLES, FL 33134    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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRD      ( ) Delete  
Name: ZIV, JAY A  
Address: 95 MERRICK WAY #380  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM      ( ) Delete  
Name: DOHM, JOHN  
Address: 814 MILITARY TRAIL  
City-St-Zip: DEERFIELD BEACH, FL 33442

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAY ZIV

MGRD

05/04/2009

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