2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 05, 2006 08:00 AM Secretary of State

ANNUAL REPORT				C4		
DOCUMENT # L05000120008 1. Entity Name GOLDEN TAMIAMI PROPERTIES, LLC					Secretary of Star	te
Principal Place of Business Mailing Address					7	
·		559 BOB HOPE DR.				
559 BOB HOPE DR. NOKOMIS, FL 34275		NOKOMIS, FL. 34275				
NUNUMIS, FI	L 34273	NOKOMIS, FL 34275			((CEC BIC at) &CICE BICE BEIN BBIN BBIN 1818 (1818 1811) BBIN BBIN BBIN BBIN BBIN	P1 312 370701
2. Principal Place of Business		3. Mailing Address				
Z. Philospair race of business		a. Maining Address			F SENTINGS EH EESEL ESSY DOSS EEST DESTE HOLD SON EEST DESTE VEST	RE THE STREET
Suite, Apt. #, etc		Suite, Apt. #, etc.			03222006 Chg-LLC CR2E083 (11/05)	
City & State		City & State			1	fied For
Zip Country		Zip Country			\$5.00 Addition	Applicable j
·					Fee Required	
	Registered Agent	Name		7. Name and Address of New Rogistered Agent		
	ROY H JR.	· ·	ļ			
	N ST. STE. 600 A, FL 34237			Street Address ((P.O. Box Number Is Not Acceptable)	
			}	Cíty	Et Zip Code	
				·	FL	
 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 Sprature, typed or printed name of registered agent and title if applicable (INTE Registered Agent signature required when refinsiating).						
		1				
Filing Fee Is \$50.00 Due by May 1, 2006					Make check payable to Florida Department of State	
9.	MANAGING MEMBE	ERS/MANAGERS	10.		ADDITIONS/CHANGES	
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STREET ADDRESS	559 BOB HOPE DR.	•	STREE	T ADDRESS	U00000492914	
CITY - ST - ZIP	NOKOMIS, FL 34275	, , , ,	CITY-	ST-ZIP	U00000492914 04/19/06-80085-005 50.	00
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11. I hereby c	ertily that the information supplied with	This filing does not qualify for t	the exer	nptions contained i	in Chapter 119, Florida Statutes. I further certify that the inform	nation
11. Thereby 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 eath, that I am a managing member or manager of the limited flability company or the repetiver or trustee empowered to execute this report as required by Chapter 508, Florida Statutes.						
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