

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082336

FILED  
Feb 10, 2007  
Secretary of State

Entity Name: GOLDEN ISLES, LLC

## Current Principal Place of Business:

4898 KEENELAND CIRCLE  
ORLANDO, FL 32819

## New Principal Place of Business:

## Current Mailing Address:

4898 KEENELAND CIRCLE  
ORLANDO, FL 32819

## New Mailing Address:

FEI Number: 06-1789999

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEE, DONA  
4898 KEENELAND CIRCLE  
ORLANDO, FL 32819 US

## Name and Address of New Registered Agent:

LEE, DONA M  
4898 KEENELAND CIRCLE  
ORLANDO, FL 32819 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: DONA M. LEE

02/10/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MR. ( ) Change (X) Addition  
Name: LEE, EFFRIDGE T  
Address: 4898 KEENELAND CIRCLE  
City-St-Zip: ORLANDO, FL 32819

Title: M. ( ) Change (X) Addition  
Name: RAMSIER, JOHN  
Address: 4898 KEENELAND CIRCLE  
City-St-Zip: ORLANDO, FL 32819

Title: MR. ( ) Change (X) Addition  
Name: NELSON, GARY  
Address: 4898 KEENELAND CIRCLE  
City-St-Zip: ORLANDO, FL 32819

Title: MRS. ( ) Change (X) Addition  
Name: NELSON, MARY KAY  
Address: 4898 KEENELAND CIRCLE  
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the 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: EFFRIDGE T. LEE

MR.

02/10/2007

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