2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000122641

Entity Name: GOLDEN EXPRESSIONS, LLC

FILED Feb 21, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10115-2101 COLONIAL C. CLUB BLVD.

ATTN: ALFRED WILLIAMS
FORT MYERS, FL 33913

5781 LEE BLVD., SUITE 208-310
ATTN: ALFRED WILLIAMS
LEHIGH ACRES, FL 33971

Current Mailing Address: New Mailing Address:

5781 LEE BLVD., SUITE 208-310 5781 LEE BLVD., SUITE 208-310 LEHIGH ACRES, FL 33971 ATTN: ALFRED WILLIAMS LEHIGH ACRES, FL 33971

FEI Number: 30-0401838 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WILLIAMS, ALFRED L MR.

10115-2101 COLONIAL C. CLUB BLVD.

ATTN: ALFRED WILLIAMS

FORT MYERS, FL 33913 US

WILLIAMS, ALFRED L MR.

5781 LEE BLVD

SUITE 208-310

LEHIGH ACRES, FL 33971 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: 02/21/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR

Title: MGR () Delete Title: MGR (X) Change () Addition Name: WILLIAMS, ALFRED L MR. Name: WILLIAMS, ALFRED L MR. Address: 10115-2101 COLONIAL C. CLUB BLVD. Address: 5781 LEE BLVD., SUITE 208-310

City-St-Zip: FORT MYERS, FL 33913 City-St-Zip: LEHIGH ACRES, FL 33971

Title:MGRM () DeleteTitle:MGRM (X) Change () AdditionName:WILLIAMS, RENEE M MRS.Name:WILLIAMS, RENEE M MRS.Address:10115-2101 COLONIAL C. CLUB BLVD.Address:5781 LEE BLVD., SUITE 208-310

 Address:
 10115-2101 COLONIAL C. CLUB BLVD.
 Address:
 5781 LEE BLVD., SUITE 208-310

 City-St-Zip:
 FORT MYERS, FL 33913
 City-St-Zip:
 LEHIGH ACRES, FL 33991

Title: MGRM () Delete Title: () Change () Addition

 Name:
 WILLIAMS, ALTAN L MR.
 Name:

 Address:
 14392 SALEM
 Address:

 City-St-Zip:
 REDFORD, MI 482393316
 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: ALFRED L. WILLIAMS MGR 02/21/2008