

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90040 041 \*\*\*138.75

<b>DOCUMENT # L07000010357</b> 1. Entity Name LIQUID GOLD HOLDING GROUP LLC																													
Principal Place of Business 6115 PASADENA POINT BLVD. GULF PORT, FL 33707			Mailing Address 6115 PASADENA POINT BLVD. GULF PORT, FL 33707																										
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																											
City & State  Zip		City & State  Zip		Country																									
4. FEI Number 45-0549650				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  CLEMENTS, FREDERICK P 6115 PASADENA POINT BLVD. GULF PORT, FL 33707			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City																										
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: <i>Frederick Pate Clements</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.)																										
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>CLEMENTS, FREDERICK P</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6115 PASADENA POINT BLVD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GULF PORT, FL 33707</td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	NAME	CLEMENTS, FREDERICK P		STREET ADDRESS	6115 PASADENA POINT BLVD.		CITY-ST-ZIP	GULF PORT, FL 33707		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <i>Frederick Pate Clements</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			1/8/08 727-573-1110 Date Daytime Phone #																										

