


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90019 047 ***138.75

DOCUMENT # L07000061533	
1. Entity Name GOLDEN POINT PROPERTIES, LLC	

Principal Place of Business 2603 S.E. 17TH STREET SUITE A OCALA, FL 34471 US	Mailing Address 2603 S.E. 17TH STREET SUITE A OCALA, FL 34471 US
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60002428



2. Principal Place of Business - No P.O. Box # 2201 SE 30th Avenue	3. Mailing Address 2201 SE 30th Avenue
Suite, Apt. #, etc. Suite 201	Suite, Apt. #, etc. Suite 201
City & State Ocala FL	City & State Ocala FL
Zip 34471	Country USA

01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0341159	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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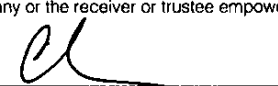
6. Name and Address of Current Registered Agent WIECHENS, CHRISTOPHER S 2603 S.E. 17TH STREET SUITE A OCALA, FL 34471	
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7. Name and Address of New Registered Agent	
Name Wiechens, Christopher S	
Street Address (P.O. Box Number is Not Acceptable) 2201 SE 30th Avenue	
Suite Suite 201	
City Ocala	FL Zip Code 34471

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  Signature, typed or printed name of registered agent and title if applicable.	DATE 1/8/08 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIGHWAY 200 PARTNERS, LLC 2603 S.E. 17TH STREET, SUITE A OCALA, FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Christopher S. Wiechens	Date 1/8/08	Daytime Phone # 352-622-3214