04-07-2008 90225 021 ***138.75
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2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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08 JUN 13 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04022008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000071397

1. Entity Name
DEVIL'S GARDEN GOLDEN OX, LLC

Principal Place of Business	Mailing Address
5300 LEE BOULEVARD LEHIGH ACRES, FL 33971	5300 LEE BOULEVARD LEHIGH ACRES, FL 33971
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 26-0644960 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILSON, MICHAEL J 200 S. ORANGE AVENUE SARASOTA, FL 34236	Name: JAMES D. HULL Street Address (P.O. Box Number is Not Acceptable): 5300 LEE BLVD. City: LEHIGH ACRES FL Zip Code: 33971

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] April 2, 2008
Signature, typed or printed name of registered agent and title if applicable (Unregistered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM James D Hull ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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] April 2, 2008 239-332-4569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #