2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L07000118843

Entity Name: GOLDMINE PROPERTIES OF PASCO, LLC

Current Principal Place of Business:

17438 U.S. HWY. 19
E
HUDSON, FL 34667 US

New Principal Place of Business:

Current Mailing Address:

17438 U.S. HWY. 19
E
HUDSON, FL 34667 US

New Mailing Address:

13917 SOMMERS AVE
HUDSON, FL 34667 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
320 S. FLAMINGO ROAD
347
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WOLF, DAVID
Address: 17438 U.S. HWY. 19, SUITE E.
City-St-Zip: HUDSON, FL 34667 US

Title: MGRM ( ) Delete
Name: WOLF, CRAIG
Address: 17438 U.S. HWY. 19, SUITE E.
City-St-Zip: HUDSON, FL 34667 US

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: WOLF, KATHIE
Address: 17438 US HWY 19, SUITE E
City-St-Zip: HUDSON, FL 34667 US

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: DAVID WOLF MGRM 04/30/2008

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