



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # L93000000447 1. Entity Name GOLDEN CARE HOLDINGS, L.C.	
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Principal Place of Business ONE SOUTH SCHOOL AVE SUITE 1000 SARASOTA, FL 34237	Mailing Address ONE SOUTH SCHOOL AVE SUITE 1000 SARASOTA, FL 34237
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DO NOT WRITE IN THIS SPACE



01212008No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-0464356	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MATZKIN, STEVEN R ONE SOUTH SCHOOL AVE SUITE 1000 SARASOTA, FL 34237	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)


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

000000851212
03/25/08-80029-020 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATZKIN, STEVEN R 1 S. SCHOOL AVE., SUITE 1000 SARASOTA, FL 342376046
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IN THIS SPACE**

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:  **03/05/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #