2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 01, 2008
Secretary of State

DOCUMENT# L96000000651

Entity Name: GOLDEN GATE HOMES, L.C.

Current Principal Place of Business:

11111 BISCAYNE BVLD
725
MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

11111 BISCAYNE BLVD.
725
MIAMI, FL 33181

New Mailing Address:

FEI Number: 65-0690442 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ZINGG, HERMANN
11111 BISCAYNE BLVD, #725
N MIAMI, FL 33181 US

Name and Address of New Registered Agent:

ITTLEMAN, GEOFFREY
440 N ANDREWS AVE
FT.LAUDERDALE, FL 33301 US

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: GEOFFREY ITTLEMAN 09/01/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ZINGG, NIEVES
Address: 11111 BISCAYNE BVLD #725
City-St-Zip: MIAMI, FL 33181

Title: MGRM ( ) Delete
Name: ZINGG.JR, HERMANN
Address: 11111 BISCAYNE BVLD #725
City-St-Zip: MIAMI, FL 33181

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: ZINGG, HERMANN
Address: 11111 BISCAYNE BVLD #725
City-St-Zip: MIAMI, FL 33181

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: NIEVES ZINGG MNGR 09/01/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date