

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90029 016 \*\*\*138.75

**DOCUMENT # L99000002536**

1. Entity Name  
**GOLDSMITH & GROUT REAL ESTATE HOLDINGS, LLC**



Principal Place of Business  
**2160 PARK AVENUE NORTH  
WINTER PARK, FL 32789 US**

Mailing Address  
**P.O. BOX 2011  
WINTER PARK, FL 32790-2011**

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

04252008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**59-3574460**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**GOLDSMITH, KAREN L  
2180 NORTH PARK AVENUE, SUITE 100  
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**2160 Park Avenue North**

City

**FL**

Zip Code

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 *Karen L. Goldsmith* **Karen L Goldsmith** **4-30-08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 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

TITLE MGRM ☐ Delete  
NAME GOLDSMITH, KAREN L  
STREET ADDRESS 1033 HOWELL HARBOR DRIVE  
CITY-ST-ZIP CASSELBERRY, FL 32707

TITLE MGRM ☐ Delete  
NAME GROUT, JONATHAN S  
STREET ADDRESS 1845 STATE ROAD 13 NORTH  
CITY-ST-ZIP SWITZERLAND, FL 32259

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2160 Park Ave North**  
CITY-ST-ZIP **Winter Park, FL 32789**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2160 Park Ave. North**  
CITY-ST-ZIP **Winter Park, FL 32789**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Karen L. Goldsmith* **Karen L Goldsmith** **4-30-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

407-740-0144