2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L99000003463

1. Entity Name GOLDEN JAVA, L.L.C.



FILED Mar 13, 2006 08:00 AM Secretary of State

Principal Place of Business

1747 HAWTHORNE ST. SARASOTA, FL 34239 Mailing Address

P.O. BOX 25789

SARASOTA, FL 34277-2789



03062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0929136

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

EVANS, LAWRENCE W 1747 HAWTHORNE ST. SARASOTA, FL 34239

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The above named entity submits this statement for the purpose of chine obligations of registered agent.	ranging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title it explicable	(NOTE Registered Agent signature returned when registron)	DATE

Filing Fee is \$50.00 Due by May 1, 2008

000000466473 03/23/06 80027-023 55.00

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EVANS, LAWRENCE W 1747 HAWTHORNE ST. SARASOTA, FL 34239
title Name Street address City-ST-Z19	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
title Name Sireet address City-St-Zip	_
title Name Street address City-St-Zip	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	partify that the information or mailed with this filling deep and a risk has the

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11. I hereby certify that the information supplied with this filling 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 cath; 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 SOME W. LIAM HOMEN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

March 6, 2006

941-957-6467

Date

Daytime Phone #