

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0028446 AF

DOCUMENT # L99000007818

1. Entity Name
GOLDEN SPRINGS, LLC

01 APR 27 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
12200 SAN SERVANDO AVE.
WARM MINERAL SPRINGS FL 34287

Mailing Address
12200 SAN SERVANDO AVE.
WARM MINERAL SPRINGS FL 34287



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 06-1564518		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

GUNDERSON, MIKO P
1861 PLACIDA ROAD, SUITE 204
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

Name Edward A. Ullmann
Street Address (P.O. Box Number is Not Acceptable)
12200 SAN SERVANDO AVE.
City WARM MINERAL SPRINGS, FL Zip Code 34287

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.

SIGNATURE Edward A. Ullmann, Member Manager 4/23/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) Date

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGRM ULLMANN, EDWARD 4401 GULF SHORE BOULEVARD APT. 1207D NAPLES FL 34103</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>235 ORTIZ BLVD. WARM MINERAL SPRINGS, FL 34287</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>300004211753-88</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>-05/11/01--01078--003</u> <u>*****50.00 *****50.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Edward A. Ullmann 4/23/2001 941-429-0481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)