2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000013446

1. Entity Name
GOLDMAN COMPANIES, LLC

Principal Place of Business

MIAMI BEACH, FL 33139

763 COLLINS AVE.



Mailing Address

763 COLLINS AVE. MIAMI BEACH, FL 33139

FILED Feb 21, 2006 8:00 am Secretary of State

02-21-2006 90176 010 ****55.00



DO NOT WRITE IN THIS SPACE

01162006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1215423

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

LEVINSON, EDWARD E 407 LINCOLN ROAD PH-SE MIAMI BEACH, FL 33139 DO NOT WRITE IN THIS SPACE

8.	The above named entity submits this	statement for the purpose of ci	nanging its registered office or	registered agent, or	both, in the State of Florida.	I am tamiliar with, ar	nd accept
	the obligations of registered agent.	•					
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SIGNATURE

ignature, typed or printed name of registered agent and title if applicable

5. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating

DATE

Filing Fee Is \$50.00 Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDMAN, CHARLES J 763 COLLINS AVE PH-1 MIAMI BEACH, FL 33139				
NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDMAN, ANTHONY R 804 OCEAN DR 2ND FLOOR MIAMI BEACH, FL 33139				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-SI-ZIP	·				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

DO NOT WRITE 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 eignature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED WAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #