


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90141 049 ****50.00

DOCUMENT # L02000014749

1. Entity Name
 GOLDEN MARKETING OPPORTUNITIES, LLC



Principal Place of Business
 2751 SOUTH OCEAN DRIVE
 #765 SOUTH
 HOLLYWOOD, FL 33019

Mailing Address
~~4700 SHERIDAN STREET, BUILDING N~~
 HOLLYWOOD, FL 33021

2. Principal Place of Business
 2751 S. Ocean Drive

3. Mailing Address
 4000 Hollywood Blvd.

Suite, Apt. #, etc.
 Suite 705-South

Suite, Apt. #, etc.
 Suite 215-South

City & State
 Hollywood FL

City & State
 Hollywood FL

Zip
 33019

Country
 Broward

Zip
 33021

Country
 Broward



02132006 Chg-LLC CR2E083 (11/05)

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ROSENBERG, JACK N
~~4700 SHERIDAN STREET, BUILDING N~~
 HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 4000 Hollywood Blvd
 Suite 215-South
 City
 Hollywood FL Zip Code 33021

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GOLDMEER, CONSTANCE 2751 SOUTH OCEAN DRIVE #705S HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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: Constance Goldmeer Date: 2/13/06 954-923-3343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Constance Goldmeer