


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 24, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000051196	
1. Entity Name PROPERTY GOLD, LLC	

Principal Place of Business 12973 SW 112TH ST SUITE 389 MIAMI, FL 33186 US	Mailing Address 1343 CASTILE AVENUE CORAL GABLES, FL 33134 US
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**DO NOT WRITE IN THIS SPACE**



07102007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2903811	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CEBALLOS, HAYDEE CPA  
 354 SEVILLA AVENUE  
 CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FABRE, ERNESTO 1343 CASTILE AVENUE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FABRE, ALVARO D 9405 SW 91 STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FABRE, PAUL 600 BILTMORE WAY #1102 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KROSS, MIRIAM 600 BILTMORE WAY #1102 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000770126  
 07/24/07-80003-014 50.00

**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 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:** Ernesto 7.16.07 305.586-0172

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