2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000001518

1. Entity Name
GOLD KROWN, L.L.C.

Principal Place of Business	Mailing Address
C/O KRONGOLD & SINGER, P.L. 1441 BRICKELL AVE., SUITE 1430 MIAMI, FL 33131 US	C/O KRONGOLD & SINGER, P.L. 1441 BRICKELL AVE., SUITE 1430 MIAMI, FL 33131 US

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03312006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-0903986
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KRONGOLD, M. RONALD
FOUR SEASONS OFFICE TOWER
1441 BRICKELL AVE., SUITE 1430
MIAMI, FL 33131

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

000000510115
04/28/06-80070-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KRONGOLD, M. RONALD
STREET ADDRESS	1441 BRICKELL AVE., SUITE 1430
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	MGR
NAME	KRONGOLD, RANDI M
STREET ADDRESS	1441 BRICKELL AVE., SUITE 1430
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3/31/06 (305)416-4545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #