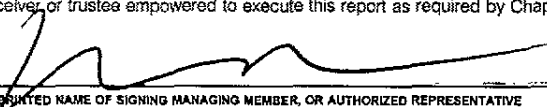


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L99000001518						
1. Entity Name GOLD KROWN, L.L.C.						
Principal Place of Business C/O KRONGOLD & SINGER, P.L. 1441 BRICKELL AVE., SUITE 1430 MIAMI, FL 33131 US	Mailing Address C/O KRONGOLD & SINGER, P.L. 1441 BRICKELL AVE., SUITE 1430 MIAMI, FL 33131 US	 03312006 No Chg-LLC CR2E083 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 65-0903986</td><td style="width: 40%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required</td></tr></table>	4. FEI Number 65-0903986	Applied For Not Applicable	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
4. FEI Number 65-0903986	Applied For Not Applicable					
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent KRONGOLD, M. RONALD FOUR SEASONS OFFICE TOWER 1441 BRICKELL AVE., SUITE 1430 MIAMI, FL 33131		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____						
Filing Fee is \$50.00 Due by May 1, 2006 UN0000510115 04/28/06-80070-015 50.00						
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE				
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						
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE 3/31/06 (305) 416-4545 Date Daytime Phone #						