2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State
02-16-2006 90141 049 ****50.00

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1. Entity Name
GOLDEN MARKETING OPPORTUNITIES, LLC

Principal Place of Business	Mailing Address
2751 SOUTH OCEAN DRIVE #765 SOUTH HOLLYWOOD, FL 33019	~~4700 SHERIDAN STREET, BUILDING N~~ HOLLYWOOD, FL 33021

02132006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
2751 S. Ocean Drive	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

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	7. Name and Address of New Registered Agent
ROSENBERG, JACK N ~~4700 SHERIDAN STREET, BUILDING N~~ H~~OLLYWOOD, FL 33021~~	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 ______________________________
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

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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 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