
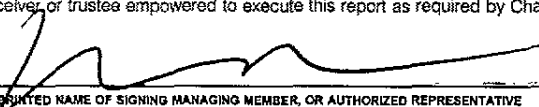


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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
DO NOT WRITE IN THIS SPACE		
		03312006 No Chg-LLC CR2E083 (11/05)
		4. FEI Number 65-0903986 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$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		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
UN0000510115 04/28/06-80070-015 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE	MGR	DO NOT WRITE IN THIS SPACE
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:  3/31/06 (305) 416-4545		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		