


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <u>L01000012650</u>	
1. Entity Name <u>JAMAICA RESORTS L.L.C.</u>	

FILED

04 MAY -5 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>Sams</u>		3. Mailing Address <u>1802 N. UNIVERSITY DR.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <u>226</u>	
City & State		City & State <u>PLANTATION FL</u>	
Zip	Country	Zip	Country
<u>33322</u>		<u>33322</u>	<u>BROWARD</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-1126402</u>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>SAVITA KEZERLE For Gold Trust</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1802 N. UNIVERSITY DRIVE #226</u>	
City <u>PLANTATION FL</u>	Zip Code <u>33322</u>

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 For Gold Trust SAVITA KEZERLE T. DATE 4-27-04

FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1	
---	--

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <u>TS</u> <u>SAVITA KEZERLE FOR Gold TRUST</u> <u>1802 N. UNIVERSITY DRIVE #226</u> <u>PLANTATION FL 33322</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP <u>000035442510</u> <u>05/05/04--01016--009 **200.00</u>
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
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
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

**DO NOT WRITE
IN THIS SPACE**

REINSTATEMENT 2003-2004

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] DATE 4/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
SAVITA KEZERLE Daytime Phone #

CR2E083B (12/02)