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LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # しの1000013937 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Entity Name GOLD KING APARTHENTS, L.L.C. DO NOT WRITE IN THIS SPACE 968434 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 7801 THTUM WATERWAY DR 4. FEI Number 5-1132 156 City & State City & State Applied For MIANI BEACH Not Applicable Country \$5.00 Additional Fee Required 7. Name and Address of Current Registered Agent FEINBERG JEFFREY DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 4000 HOLLYWOUD BOULEVARD registered office or registered agent, or both, in the State of Florida: DATE ÉE IS \$50.00 · Make Chock avable to Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS 9. 12/2/2 TITLE TITI £ chelminsily shlomo NAME 17801 TATUMWATERWAY DR. STREET ADDRESS STREET ADDRESS CITY-ST-21P MIAMI BEACH TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY STURP CITY-ST-76 TITLE TITLE NAME MALIF STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 outh; that I am a managing member or manager of the limited liability company or the receiver or trustee empower of to execut this report as required by phapter 608. Florida Statutes.