FILED LIMITED LIABILITY COMPANY May 03, 2002 8:00 am Secretary of State 🌏 🦥 NIFORM BUSINESS REPORT (UBR) L010Q0022781 DOCUMENT # 05-03-2002 90056 032 ****50.00 1. Entity Name GOLD COAST HOLDINGS LLC 951567 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 7701 NW 56 908 3. Mailing Address 20423 STATERO7 DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For OCA ROTON, FZ 33498 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 11055 Lakeaire 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. **FEE IS \$50.00** Make Check Payable to Department of State **DUE BY MAY 1** 9. MANAGING MEMBERS/MANAGERS DEBBIE ALBERT. Managing Member 20423 STATE Rd 7, F6-319 BOCA RATON, FE 33488. TITLE (12/01)TITLE NAME STREET ADDRESS STREET ADDRESS CR2E083B CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP . TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

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