

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000004628

Entity Name: GOLDMAX1 LLC

FILED
Oct 18, 2006
Secretary of State

Current Principal Place of Business:

M M 80.5 OVERSEAS HWY.
ISLAMORADA, FL 33036 US

New Principal Place of Business:

Current Mailing Address:

213 CORAL RD
ISLAMORADA, FL 33036 US

New Mailing Address:

5110 HILLSDALE CIRCLE
SUITE 200
ELDORADO HILLS, CA 95762 US

FEI Number: 20-0351468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COCKERHAM, DANIEL R
213 CORAL RD.
ISLAMORADA, FL 33036 US

Name and Address of New Registered Agent:

MCCARTHY, BRIAN
MM 80.5 OVERSEAS HIGHWAY
ISLAMORADA, FL 33036 US

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.

SIGNATURE: CARLA L. BAHN

10/18/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COCKERHAM, MARK A
Address: 108 SEASHORE DR
City-St-Zip: ISLAMORADA, FL 33036

Title: MGRM (X) Delete
Name: COCKERHAM, DANIEL
Address: 213 CORAL RD
City-St-Zip: ISLAMORADA, FL 33036

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SOUTHFORK DEVELOPMEN, T GROUP, A CA C ORP.
Address: 5110 HILLSDALE CIRCLE, STE 200
City-St-Zip: EL DORADO HILLS, CA 95762

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRIAN MCCARTHY

MGRM

10/18/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date