2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000007186

1. Entity Name

GOLDMAN REAL ESTATE (FL), LLC



Apr 11, 2007 8:00 am Secretary of State 04-11-2007 90153 016 ****55.00

FILED

Principal Place of Business

763 COLLINS AVENUE, PH-I MIAMI BEACH, FL 33139 Mailing Address

763 COLLINS AVENUE, PH-I MIAMI BEACH, FL 33139



01032007 No Chg-LLC

GR2E083 (11/05)

4. FEI Number 20-1647694 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEVINSON, EDWARD E 407 LINCOLN ROAD, PH-SE MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SiGNATURE Signature. Typed or printed name of registered agent and bitle if applicable. (NOTE Registered Agent signature required when reinstating) Pate Filling Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS ITILE MGRM GOLDMAN, CHARLES J 763 COLLINS AVENUE, PH-I MIAMI BEACH, FL 33139 ITILE NAME SIREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 ITILE NAME SIREET ADDRESS CITY-ST-ZIP ITILE
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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:

CITY - ST - ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

44.07

305-531-441

Daytime Phone #