

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90141 049 \*\*\*\*50.00

<b>DOCUMENT # L02000014749</b> 1. Entity Name <b>GOLDEN MARKETING OPPORTUNITIES, LLC</b>					
Principal Place of Business <b>2751 SOUTH OCEAN DRIVE #765 SOUTH HOLLYWOOD, FL 33019</b>			Mailing Address <b>4700 SHERIDAN STREET, BUILDING N HOLLYWOOD, FL 33021</b>		
2. Principal Place of Business <b>2751 S. Ocean Drive</b> Suite, Apt. #, etc. <b>Suite 705-South</b>		3. Mailing Address <b>4000 Hollywood Blvd.</b> Suite, Apt. #, etc. <b>Suite 215-South</b>			
City & State <b>Hollywood FL</b>		City & State <b>Hollywood FL</b>		02132006 Chg-LLC CR2E083 (11/05)	
Zip <b>33019</b>		Country <b>FLORIDA</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>33021</b>		Country <b>BROWARD</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ROSENBERG, JACK N 4700 SHERIDAN STREET, BUILDING N HOLLYWOOD, FL 33021</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4000 Hollywood Blvd Suite 215-South</b> City <b>Hollywood FL</b> Zip Code <b>33021</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GOLDMEER, CONSTANCE 2751 SOUTH OCEAN DRIVE #705S HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Constance Goldmeer</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				2/13/06 954-923-3343 Date Daytime Phone #	

Constance Goldmeer