


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000021406 1. Entity Name GOLD PALM HOLDING LLC	
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Principal Place of Business 815 PONCE DE LEON BLVD. SUITE 201 CORAL GABLES, FL 33134	Mailing Address 815 PONCE DE LEON BLVD. SUITE 201 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



01312004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 52-2376947	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**OLIVER J. LANGSTADT, ESQ., P.A.
815 PONCE DE LEON BLVD.
SUITE 201
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MAYA, JAIME 815 PONCE DE LEON BLVD #201 MIAMI, FL 33134
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02/05/04-80012-015 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jaime Maya, Mgr. 2/2/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #