

DOCUMENT # L02000021406

1. Entity Name

GOLD PALM HOLDING LLC



FILED Feb 01, 2006 08:00 AN Secretary of State

Principal Place of Business

815 PONCE DE LEON BLVD.

SUITE 201 CORAL GABLES, FL 33134

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Mailing Address

815 PONCE DE LEON BLVD.

SUITE 201

CORAL GABLES, FL 33134



DO NOT WRITE IN THIS SPACE

01292006No Chg-LLC CR2E083 (11/05)

 4. FEI Number
 Applied For 52-2376947

 Not Applicable

5. Certificate of Status Desired

\$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

the obligat	tions of registered agent.		
SIGNATURE.	Signature, typad or printed name of registered agent and life if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$50.00 Due by May 1, 2006		W00000414044 U2/11/06-80019-019 50.00	
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAYA, JAIME 815 PONCE DE LEON BLVD #201 MIAMI, FL 33134		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS			

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

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.

Jaime Maya, Mgr.
SIGNATURE:

1/29/2006

666. 9613

305)

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

Date

Daytime Phone #