

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90539 019 ****50.00

DOCUMENT # L02000023502					
1. Entity Name GOULDS, LLC					
Principal Place of Business 1101 BRICKELL AVENUE STE. 402-B MIAMI, FL 33131			Mailing Address PO BOX 279 KEY BISCAYNE, FL 33149		
2. Principal Place of Business 250 Catalonia Ave.		3. Mailing Address			
Suite, Apt. #, etc. Suite 606		Suite, Apt. #, etc.			
City & State Coral Gables, FL		City & State			
Zip 33134	Country USA	Zip	Country	4. FEI Number 11-3652088	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLDMEIER, BARRY S 1101 BRICKELL AVENUE #402-B MIAMI, FL 33131			7. Name and Address of New Registered Agent Name: Goldmeier, Barry S. Street Address (P.O. Box Number is Not Acceptable): 250 Catalonia Ave Suite 606 City: Coral Gables, FL Zip Code: 33134		
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)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDMEIER (NJ), LTD 1000 MARINER DR KEY BISCAYNE, FL 33149		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Goldmeier (NJ), LTD. 250 Catalonia Ave. Suite 606 Coral Gables, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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	
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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 exemption stated in Section 119.07(3)(l), 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: _____					
Date: 3/7/05 Daytime Phone #: 461-2330					