

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90120 046 ****50.00

DOCUMENT # L03000005552

1. Entity Name
GOLD AMUSEMENT "LLC"



Principal Place of Business
**3300 NE 192ND ST., #PH-4
AVENTURA, FL 33180**

Mailing Address
**3300 NE 192ND ST., #PH-4
AVENTURA, FL 33180**

24003455

2. Principal Place of Business
2395 NE 187th St
Suite, Apt. #, etc.

3. Mailing Address
2395 NE 187th St
Suite, Apt. #, etc.

City & State
N Miami Beach, FL
Zip
33180
Country
Miami-Dade

City & State
N Miami Beach, FL
Zip
33180
Country
Miami-Dade

01082004 Chg-LLC CR2E083 (10/03)

4. FEI Number
04-3740600
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVIDSSON, SHON V
3180 S. OCEAN DR.
1718
HALLANDALE, FL 33009**

7. Name and Address of New Registered Agent

Name
Davidsson, Shon V
Street Address (P.O. Box Number is Not Acceptable)
2395 NE 187th St.
City
N Miami Beach **FL** Zip Code
33180

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
Shon V. Davidsson
2395 NE 187th St
N Miami Beach, FL 33180** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Member
Dina Bronstein
2395 NE 187th St
N Miami Beach, FL 33180** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Shon V. Davidsson

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

1/23/04

Date

305-935-4764

Daytime Phone #