

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028796

Entity Name: GOLDFISH PROPERTIES, LLC

FILED  
Jan 09, 2008  
Secretary of State

## Current Principal Place of Business:

PO BOX 31041  
PALM BEACH GARDENS, FL 33420

## New Principal Place of Business:

8295 NORTH MILITARY  
SUITE C  
PALM BEACH GARDENS, FL 33410

## Current Mailing Address:

PO BOX 31041  
PALM BEACH GARDENS, FL 33420

## New Mailing Address:

FEI Number: 51-0486741      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIMON, ALAN R  
8295 N. MILITARY TRAIL  
SUITE C  
PALM BEACH GARDENS, FL 33410 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: VALANCE CO., INC.,  
Address: PO BOX 31041  
City-St-Zip: PALM BEACH GARDENS, FL 33420 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: VALANCE CO., INC.,  
Address: 5000 ESTATE SOUTHGATE  
City-St-Zip: CHRISTANSTED ST. CROIX, VI 00820 US

Title: T ( ) Change (X) Addition  
Name: SIMON, ALAN R  
Address: 8295 NORTH MILITARY TRAIL SUITE C  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALAN R SIMON

T

01/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date