

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000028796

FILED
Oct 02, 2009
Secretary of State**Entity Name:** GOLDFISH PROPERTIES, LLC**Current Principal Place of Business:**8295 NORTH MILITARY
SUITE C
PALM BEACH GARDENS, FL 33410**New Principal Place of Business:**5000 ESTATE SOUTHGATE
CHRISTIANSTED, VI 00820**Current Mailing Address:**PO BOX 31041
PALM BEACH GARDENS, FL 33420**New Mailing Address:**5000 ESTATE SOUTHGATE
CHRISTIANSTED, VI 00820**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:**GODOWN, S B
1061 E. INDIANTOWN ROAD
SUITE 104
JUPITER, FL 33477 US

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: S. BARRIE GODOWN

10/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: VALANCE CO., INC.
Address: 5000 ESTATE SOUTHGATE
City-St-Zip: CHRISTIANSTED ST. CROIX, VI 00820 US**Title:** T (X) Delete
Name: SIMON, ALAN R
Address: 8295 NORTH MILITARY TRAIL SUITE C
City-St-Zip: PALM BEACH GARDENS, FL 33410 US**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: VALANCE CO., INC

MGRR

10/02/2009

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