


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90166 029 ****50.00

DOCUMENT # L03000033698		
1. Entity Name GS VENTURES, LLC		

Principal Place of Business 131 CORTEZ RD. WEST PALM BEACH FL 33405	Mailing Address 131 CORTEZ RD. WEST PALM BEACH FL 33405
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2. Principal Place of Business 131 CORTEZ ROAD	3. Mailing Address 131 CORTEZ RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State West Palm Beach, FL	City & State West Palm Beach, FL
Zip 33405	Zip 33405
Country USA	Country USA

4. FEI Number 13-4264056	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ELHILOW, MARK B 112 CORTEZ ROAD WEST PALM BEACH FL 33405	
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7. Name and Address of New Registered Agent Name Mark B. ElhiLOW Street Address (P.O. Box Number is Not Acceptable) 131 CORTEZ RD West Palm Beach, FL City FL Zip Code 33405	
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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 *Mark B. ElhiLOW* **MARK B. ElhiLOW**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when consulting) **MGR & Registered Agent** DATE **2/1/06**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ELHILOW, MARK B 112 CORTEZ RD. WEST PALM BEACH FL 33405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 131 CORTEZ ROAD
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MUTCH, M. DOUGLAS 112 CORTEZ RD. WEST PALM BEACH FL 33405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 131 CORTEZ ROAD
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ELHILOW, SUSAN C 112 CORTEZ RD. WEST PALM BEACH FL 33405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 131 CORTEZ ROAD
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
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 exemptions contained in Section 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.

SIGNATURE *Mark B. ElhiLOW* **MARK B. ElhiLOW** **MGR** DATE **2-1-06** DAYTIME PHONE # **561-585-4455**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE