

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036915

FILED
Apr 29, 2005
Secretary of State

Entity Name: GOLDFISHE HOLDINGS, LLC

Current Principal Place of Business:

924 MARSEILLE DRIVE
UNIT 31
MIAMI BEACH, FL 33141 US

New Principal Place of Business:

Current Mailing Address:

924 MARSEILLE DRIVE
UNIT 31
MIAMI BEACH, FL 33141 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRANT, KIA R
924 MARSEILLE DRIVE
UNIT 31
MIAMI BEACH, FL 33141 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/MEMBERS:

Title: MGRM () Delete
Name: GRANT, KIA R
Address: 924 MARSEILLE DRIVE UNIT 31
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: MGRM (X) Delete
Name: PRESTWIDGE, MAUREEN M
Address: 4648 NW 114TH AVE #605
City-St-Zip: MIAMI, FL 33178 US

Title: MGRM (X) Delete
Name: CHRISTENSEN, DEANNA M
Address: 1835 NE MIAMI GARDENS DRIVE #286
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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 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: KIA GRANT

MGRM

04/29/2005

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