2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Apr 14, 2006 08:00 AM Secretary of State DOCUMENT*# L03000055577 1. Entity Name THE GOLD INVESTMENT MANAGEMENT GROUP, LLC Principal Place of Business Mailing Address 9 ASPEN COURT 9 ASPEN COURT BOYNTON BEACH FL 33436 **BOYNTON BEACH FL 33436** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) 4. FEI Number Applied For City & State City & State NO-T APPLICABLE Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LIPP, ROBERT Street Address (P.O. Box Number is Not Acceptable) 9 ASPEN COURT **BOYNTON BEACH FL 33436** City Zip Code 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, typed or profed name of registered agent and title it applicable (NOTE Registered Agent signature required when roinstating) DATE. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Change THLE Addition TITLE MGR Delete NAME NAME LIPP, ROBERT STREET ADDRESS 9 ASPEN COURT STREET ADDRESS UQQQQQ599564 28/05-80048-016 50.00 CITY-SI-ZIP **BOYNTON BEACH FL 33436** CITY-ST-ZIF Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE MAIME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition THE ☐ Delete THEE NAME STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME MARAF SIREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Change ☐ Addition TITLE Delete NAME MARIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST. 7/P

11. Thereby 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:

561-738-1882