2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000022049

1. Entity Name
GOLDEN TRIANGLE MANAGEMENT LLC

Principal Place of Business	Mailing Address
287 BOWMAN AVE 2ND FLOOR PURCHASE, NY 10577	C/O IMPERIAL STERLING LTD 287 BOWMAN AVE 2ND FL PURCHASE, NY 10577

DO NOT WRITE IN THIS SPACE

02242006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
20-0891549		Not Applicat

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 accep the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE
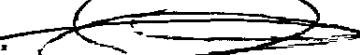
Filing Fee is $50.00
Due by May 1, 2006

U00000499585
04/24/06-80032-023 50.00

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	IMPERIAL STERLING LTD
STREET ADDRESS	287 BOWMAN AVE 2ND FLOOR
CITY-ST-ZIP	PURCHASE, NY 10577
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____   Jerrold G.Levy   4/3/06   914-701-0008