2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L04000022049

GOLDEN TRIANGLE MANAGEMENT LLC



FILED Apr 30, 2008 08:00 AN Secretary of State

Principal Place of Business

287 BOWMAN AVE 2ND FLOOR PURCHASE, NY 10577

Mailing Address

C/O IMPERIAL STERLING LTD 287 BOWMAN AVE 2ND FL PURCHASE, NY 10577



04182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0891549 Applied For Not Applicat

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			DO NOT WRITE IN THIS SPACE
	named entity submits this statement for the purpose of chations of registered agent.	anging its register	Ied office or registered agent, or both, in the State of Florida. I am familiar with, and acce
SIGNATURE.	Signature, typed or printed name of registered agent and little if applicable.		d Agent signature required when reinstating) 10000936870 DATE
After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS		05/27/08-80027-011 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IMPERIAL STERLING LTD 287 BOWMAN AVE 2ND FLOOR PURCHASE, NY 10577		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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DO NOT WRITE IN THIS SPACE

TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE **SMAN** STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP

^{11.} I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes | 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.