2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2005
Secretary of State

DOCUMENT# L04000051298

Entity Name: GOLD SPEC., LLC

Current Principal Place of Business:

10920 BAYMEADOWS ROAD
STE 27-221
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

10920 BAYMEADOWS ROAD
STE 27-221
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 20-1347596 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SHULTZ, CHAD A
1309 ST JOHNS BLUFF ROAD N
STE 7
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

SHULTZ, CHAD A
112 EAST ADAMS STREET
JACKSONVILLE, FL 32202 US

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: CHAD SHULTZ 05/30/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	KAPLAN, LEE	
Address:	10920 BAYMEADOWS ROAD, STE 27-221	
City-St-Zip:	JACKSONVILLE, FL 32256 US	
Title:	MGRM	( ) Delete
Name:	BUCKLEW, BILL	
Address:	10920 BAYMEADOWS ROAD, STE 27-221	
City-St-Zip:	JACKSONVILLE, FL 32256 US	
Title:	MGRM	( ) Delete
Name:	KRIEGER, KRIS	
Address:	10920 BAYMEADOWS ROAD, STE 27-221	
City-St-Zip:	JACKSONVILLE, FL 32256 US	
Title:	MGRM	( ) Delete
Name:	SHORE, DAN	
Address:	10920 BAYMEADOWS ROAD, STE 27-221	
City-St-Zip:	JACKSONVILLE, FL 32256 US	
Title:	MGRM	( ) Delete
Name:	BROWN, MORGAN	
Address:	10920 BAYMEADOWS ROAD, STE 27-221	
City-St-Zip:	JACKSONVILLE, FL 32256 US	
Title:	MGRM	( ) Delete
Name:	AMERSON, GLENN	
Address:	10920 BAYMEADOWS ROAD, STE 27-221	
City-St-Zip:	JACKSONVILLE, FL 32256 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:	
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: LEE KAPLAN MGRM 05/30/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date