

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052232

Entity Name: GOLDMINE HOSPITALITY LLC

FILED
Jan 14, 2005
Secretary of State

Current Principal Place of Business:

11020 SW 23RD STREET
DAVIE, FL 33324

New Principal Place of Business:

Current Mailing Address:

11020 SW 23RD STREET
DAVIE, FL 33324

New Mailing Address:

FEI Number: 20-1355077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BANERJEE, DIPANKAR
11020 SW 23RD STREET
DAVIE, FL 33324 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: BANERJEE, DIPANKAR
Address: 11020 SW 23RD STREET
City-St-Zip: DAVIE, FL 33324 US

Title: MGRM () Delete
Name: AXAR GROUP, INC.,
Address: 36 NE 1ST STREET, SUITE 830
City-St-Zip: MIAMI, FL 33132 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: BANERJEE, MOUSHUMI
Address: 11020 SW 23RD STREET
City-St-Zip: DAVIE, FL 33324 US

Title: MGR () Change (X) Addition
Name: RACHAL, BRIAN
Address: 801 PARKWAY
City-St-Zip: NATCHITOCHES, LA 71457 US

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: DIPANKAR BANERJEE

MGRM

01/14/2005

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