

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90033 030 ****50.00

DOCUMENT # L04000057647					
1. Entity Name GOLD 4 PROPERTIES, LLC					
Principal Place of Business 709 NORTH MAIN STREET HAVANA, FL 32333 US			Mailing Address 4205 CAMDEN ROAD TALLAHASSEE, FL 32303		
2. Principal Place of Business		3. Mailing Address P.O. Box 181113			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 72-1585195	
Zip		Country		Zip 32318 Country	
5. Name and Address of Current Registered Agent CHAABAN, DEAN 4205 CAMDEN ROAD TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAABAN, DEAN 4205 CAMDEN ROAD TALLAHASSEE, FL 32303		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAABAN, JONELL 4205 CAMDEN ROAD TALLAHASSEE, FL 32303		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Dean Chaaban 4/28/06 850-567-9191					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____					

Certified receipt # - 7003 3110 0005 3480 2012