


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90022 012 ****50.00

DOCUMENT # L05000048372					
1. Entity Name GOLD FIDELITY TRUST, LLC					
Principal Place of Business 2328 TENTH AVENUE NORTH, SUITE 403 LAKE WORTH, FL 33461			Mailing Address 2328 TENTH AVENUE NORTH, SUITE 403 LAKE WORTH, FL 33461		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3807312	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RUKIN, ROGER B 2328 TENTH AVENUE NORTH, SUITE 403 LAKE WORTH, FL 33461			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)					
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	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUKIN, JAMES B		NAME		
STREET ADDRESS	2328 TENTH AVENUE NORTH, SUITE 403		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUKIN, JULIA R		NAME		
STREET ADDRESS	2328 TENTH AVENUE NORTH, SUITE 403		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUKIN, ROGER B		NAME		
STREET ADDRESS	2328 TENTH AVENUE NORTH, SUITE 403		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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. 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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					