2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051196

Entity Name: PROPERTY GOLD, LLC

Address:

City-St-Zip:

12973 SW 112 STREET

MIAMI, FL 33186

FILED Jan 23, 2009 Secretary of State

| Current Principal Place of Business: | | New Principal Place | New Principal Place of Business: | |
|---|--|---|---------------------------------------|--|
| 12973 SW | 112 STREET | | | |
| # 389 | 20422 110 | | | |
| MIAMI, FL | 33186 US | | | |
| Current Mailing Address: | | New Mailing Addres | New Mailing Address: | |
| 12973 SW # 389 | 112 STREET | | | |
| MIAMI, FL | 33186 US | | | |
| FEI Number: | 20-2903811 FEI Number Applied For (|) FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of Current Registered Age | nt: Name and Address o | of New Registered Agent: | |
| CORAL GA | RNESTO ILE PLAZA ABLES, FL 33134 US named entity submits this statement for | r the number of changing its registers | d office or registered agent or both | |
| | e of Florida. | the purpose of changing its registere | d office of registered agent, of both | |
| SIGNATUF | RE: | | | |
| | Electronic Signature of Registere | ed Agent | Date | |
| MANAGING MEMBERS/MANAGERS: | | ADDITIONS/CHANGES: | ADDITIONS/CHANGES: | |
| Title: Name: Address: City-St-Zip: | MGRM () Delete FABRE, ERNESTO 915 CASTILE PLAZA CORAL GABLES, FL 33134 US | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | MGRM () Delete FABRE, ALVARO D 9405 SW 91 STREET MIAMI, FL 33176 US | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | MGRM () Delete FABRE, PAUL 915 CASTILE PLAZA CORAL GABLES, FL 33134 US | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | MGRM () Delete | Title: Name: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Address:

City-St-Zip:

SIGNATURE: MIRIAM KROSS MGRM 01/23/2009