

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000063768

1. Entity Name
GOLDFADE INVESTMENTS, L.L.C.



FILED
Sep 10, 2008 08:00 AM
Secretary of State

Principal Place of Business
111 N. POMPANO BEACH BLVD.
UNIT # 1112
POMPANO BEACH, FL 33062 US

Mailing Address
111 N. POMPANO BEACH BLVD.
UNIT # 1112
POMPANO BEACH, FL 33062 US



05072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3064013	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

FADEM, CRAIG L
111 N. POMPANO BEACH BLVD.
UNIT # 1112
POMPANO BEACH, FL 33062

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U000000959436
09/10/08-80005-001 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FADEM, CRAIG L
STREET ADDRESS	111 N. POMPANO BEACH BLVD., UNIT# 1112
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	MGRM
NAME	GOLDSTEIN, HOWARD
STREET ADDRESS	2503 N. RIVERSIDE DRIVE
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Craig L. Fadem

6/3/08

954-214-6357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #