

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90055 001 ****50.00

DOCUMENT # L05000076531

1. Entity Name
GOLD CITY ENTERPRISE, L.L.C.



Principal Place of Business
**C/O LILIAN SREDINI, PA
1380 NE MIAMI GARDENS DRIVE, STE. 246
NORTH MIAMI BEACH, FL 33179**

Mailing Address
**C/O LILIAN SREDINI, PA
1380 NE MIAMI GARDENS DRIVE, STE. 246
NORTH MIAMI BEACH, FL 33179**



2. Principal Place of Business

3. Mailing Address

P.O. BOX 800321

Suite, Apt. #: etc.

Suite, Apt. #: etc.

03142006 Chg-LLC CR2E083 (11/05)

City & State

City & State
Aventura, FL

4. FEI Number

74-3151268

Applied For

Not Applicable

Zip

Country

Zip

33280-0321

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**LILIAN SREDINI, PA
1380 NE MIAMI GARDENS DR., STE. 246
NORTH MIAMI BEACH, FL 33179**

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

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

(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

TITLE **MGRM** ☐ Delete
NAME **HEINRICH, DAVID**
STREET ADDRESS **1380 NE MIAMI GARDENS DRIVE, STE. 246**
CITY-STATE-ZIP **NORTH MIAMI BEACH, FL 33179**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **HEINRICH, DAVID**
STREET ADDRESS **P.O. BOX 800321**
CITY-STATE-ZIP **AVENTURA, FL 33280-0321**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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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

03/14/2006

Date

305-9263106

Daytime Phone #