2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 12, 2007 08:00 AM Secretary of State

DOCU 1. Entity Nam GOLD AC			Secretary of Star
Principal Place of Business Mailing Address 4815 AVENUE N. 4815 AVENUE N. BROOKLYN, NY 11234 BROOKLYN, NY 11234			
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent			01102007 No Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired □ \$5.00 Additional Fee Required
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			DO NOT WRITE IN THIS SPACE
3. 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 the if applicable. (NOTE: Registered Agent signature required when refinishing) DATE Filling Face is \$50.00 Due by May 1, 2007			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORKOSH, ALEX 354 EAST 91 STREET, PENTHOUSE 2301 NEW YORK, NY 10128		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PODOLSKY, ABRAHAM 4815 AVE. N. BROOKLYN, NY 11234		000000584783 01/12/07-80052-012 50.00
TITLE NAME STREET ADDRESS CITY -ST-ZIP			DO NOT WRITE
NITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
TITLE NAME STREET ADDRESS CRY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-SY-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.			