## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 17, 2006 8:00 am Secretary of State

Zip Country Zip Country S. Certificate of Status Desired \$5.00 Addition Fee Required	5.00
Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  City State  City State  Country  S. Certificate of Status Desired  \$ 5.00 Addition Fee Required City  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Filling Fee Is \$50.00  Due by May 1, 2006  Make check payable to Florida-Department of State  P. MANAGING MEMBERS/MANAGERS  TILL  MGRM MAKE GOLDMAN, CHARLES J  SIRET ADDRESS CITY-ST-2P MIAMI BEACH, FL 33139 CITY-ST-2P MIAMI BEACH ADDRESS CITY-S	
City & State  Ci	
Zip Country Zip Country S. Certificate of Status Desired \$5.00 Addition Fee Required  Street Address of Current Registered Agent	
Zip Country Zip Country 5. Certificato of Status Desired 5.00 Addition Fee Required Fee Required Fee Required To Levinson, Edward Address of Current Registered Agent To Name and Address, of New Registered Agent Name  LEVINSON, EDWARD E ESQ.  407 LINCOLN ROAD, PH-SE MIAMI BEACH, FL 33139  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 the obligations of registered agent.  Signature  Filling Fee is \$50.00 Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  RILL MGRM DOLD FLOOR STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139	d For plicable
Name    Street Address (P.O. Box Number is Not Acceptable)	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  5. 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 the obligations of registered agent.  SIGNATURE  Bigneurs, hold or printed name of registered agent and tice if appaidable (NOTE: Registered Agent algorature regulated when remaining)  Filling Fee is \$50.00  Due by May_1, 2008  MANAGING MEMBERS/MANAGERS  10.  ADDITIONS/CHANGES  DITILE  MARK  GOLDMAN, CHARLES J  SIRRET ADDRESS  GITY-ST-ZIP  MIAMI BEACH, FL 33139  CITY-ST-ZIP  MARK  GOLDMAN, R. ANTHONY  SIRRET ADDRESS  GOLDMAN, R. ANTHONY  SIRRET ADDRESS  GOLDMAN, R. ANTHONY  SIRRET ADDRESS  GITY-ST-ZIP  MIAMI BEACH, FL 33139  CITY-ST-ZIP  MIAMI BEACH, FL 33139	
Street Address (P.O. Box Number is Not Acceptable)  City  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 the obligations of registered agent.  SIGNATURE  Bignanus, tyled or printed name of registered agent and title I sopecitive  Make check payable to  Florida-Department of State  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  TITLE  MARK  GOLDMAN, CHARLES J  SIRRET ADDRESS  MIAMI BEACH, FL 33139  TITLE  MGRM  GOLDMAN, R. ANTHONY  SIRRET ADDRESS  BO4 OCEAN DRIVE, 2ND FLOOR  CITY-ST-ZIP  MIAMI BEACH, FL 33139	
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 the obligations of registered agent.  SIGNATURE    Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signa	
THE OBLIGATIONS OF PROJECTION OF PROJECTIONS (NOTE Registered agent signature required when reinstating)  Filling Fee Is \$50.00  Due by May 1, 2008  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  TILE NAME GOLDMAN, CHARLES J STREET ADDRESS CITY-ST-ZIP  MIAMI BEACH, FL 33139  CTange  TILE NAME GOLDMAN, R. ANTHONY STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139  CTange  CTANGES  CTANGE	_
B. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE MGRM Delete TITLE MANAE  STREET ADDRESS 804 OCEAN DRIVE, 2ND FLOOR STREET ADDRESS  CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP  TITLE MGRM Delete TITLE MGRM  GOLDMAN, R. ANTHONY NAME  STREET ADDRESS 804 OCEAN DRIVE, 2ND FLOOR STREET ADDRESS  CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP  TITLE MANAE  STREET ADDRESS 804 OCEAN DRIVE, 2ND FLOOR STREET ADDRESS  CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP	
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TITLE   Delete TITLE   Change   NAME STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP	Addition
	Addition
11. I hereby certify that the information supplied with this liling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informal 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	tion the

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

1.

GOLD HORIZON, LLC 804 OCEAN DRIVE, 2ND FLOOR MIAMI BEACH, FL 33139

Subject: GOLD HORIZON, LLC

Reference Number:

`L05000088048

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION