

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000101884**

1. Entity Name  
**GOLD MONKEY, LLC**



Principal Place of Business  
**3731 NE 29TH AVE.  
LIGHTHOUSE POINT, FL 33064**

Mailing Address  
**3731 NE 29TH AVE.  
LIGHTHOUSE POINT, FL 33064**



01072007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3638225**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CFRA, LLC  
CORPROATE CENTER THREE AT INTERNATIONAL PL  
4221 W. BOY SCOUT BOULEVARD, 10TH FLOOR  
TAMPA, FL 33607-5736**

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MR. SILVERSTEIN, GARY M MANAGER 2168 MOUNTAIN CREEK DRIVE STONE MOUNTAIN, GA 30087
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MR. SILVERSTEIN, ARI D MANAGER 3731 NE 29TH AVENUE LIGHTHOUSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000000600541  
01/26/07-80011-022 50.00

**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:** \_\_\_\_\_

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

Date

Daytime Phone #

1/8/07

954-784-2102