

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000018268

FILED
May 05, 2009
Secretary of State

Entity Name: GOLD PROPERTY HOLDINGS, LLC

Current Principal Place of Business:

1454 LANTANA DRIVE
WESTON, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

1454 LANTANA DRIVE
WESTON, FL 33326 US

New Mailing Address:

FEI Number: 20-8458043 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CABAL, JAIRO
1454 LANTANA DRIVE
WESTON, FL 33326 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GIUNTA, RAFFAELE
Address: 1454 LANTANA DRIVE
City-St-Zip: WESTON, FL 33326 US

Title: MGRM () Delete
Name: CABAL, JAIRO
Address: 1454 LANTANA DRIVE
City-St-Zip: WESTON, FL 33326 US

Title: MGRM () Delete
Name: SALVA, STEFANO
Address: 1454 LANTANA DRIVE
City-St-Zip: WESTON, FL 33326 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RAFFAELE GIUNTA

MGRM

05/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date