

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000037132

Entity Name: GOLDEN FEDERAL LLC

FILED
Apr 27, 2012
Secretary of State

Current Principal Place of Business:

9130 SOUTH DADELAND BLVD
SUITE 1600
MIAMI, FL 33156

New Principal Place of Business:

9130 SOUTH DADELAND BLVD
SUITE 1509
MIAMI, FL 33156

Current Mailing Address:

9130 SOUTH DADELAND BLVD
SUITE 1600
MIAMI, FL 33156

New Mailing Address:

9130 SOUTH DADELAND BLVD
SUITE 1509
MIAMI, FL 33156

FEI Number: 26-4712222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUZMAN & GUZMAN P.A.
9130 SOUTH DADELAND BLVD
SUITE 1600
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

GUZMAN & GUZMAN P.A.
9130 SOUTH DADELAND BLVD
SUITE 1509
MIAMI, FL 33156 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: ALBERTO GUZMAN

04/27/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: HALPERN, CESAR
Address: CORONEL DIAZ 2150 PISO 5 APART. O
City-St-Zip: BUENOS AIRES - ARGENTINA, AR 1425

Title: MGR
Name: HALPERN, ZULEMA C DE
Address: CORONEL DIAZ 2150 PISO 5 APART. O
City-St-Zip: BUENOS AIRES - ARGENTINA, AR 1425

Title: MGR
Name: HALPERN, DANIEL
Address: 3 DE FEBRERO 2220 PISO 4
City-St-Zip: BUENOS AIRES - ARGENTINA, AR 1428

Title: MGR
Name: GLANZ, MARK I
Address: AV. SANTA FE 2862 FLOOR 11, APT. 31
City-St-Zip: BUENOS AIRES - ARGENTINA, AR 1425

I hereby 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: CESAR HALPERN

MGR

04/27/2012

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