2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 10, 2006 08:00 AM Secretary of State DOCUMENT # L99000001580 1. Entity Name 📝 -GOLDEN CONSULTING LLC Principal Place of Business Mailing Address 300 SEMINOLE AVE PALM BEACH FL 33480 300 SEMINOLE AVE PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. II, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied Far 65-0915507 Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GOLDEN, RAYMOND L Street Address (P.O. Box Number is Not Acceptable) 300 SEMINOLE AVE PALM BEACH FL 33480 City 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 accept the obligations of registered agent, Signature, typed or printed name of registered acent and title if applicable. (NOTE flegistered Agent signature required when reinstaling) DATE U00000500251 FILE NOW!!! FEE IS \$50.00 04/25/06-80014-021 50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES BHS MGRM ☐ Delete TITLE ☐ Change ☐ Addition NAME GOLDEN, RAYMOND L NAME STREET AOURESS STREET ADDRESS 300 SEMINOLE AVE. CHY-S1-2R CITY-ST-ZIP PALM BEACH FL 33480 11711 ☐ Defete ☐ Change ☐ Addition MARKE NAME STRECT ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITE.F ☐ Detete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-S7-ZIP City-St-7/8 TITLE ☐ Delete DDE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 31117 Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TINE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 118, 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:

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4/6/06 561-832-6890

FILED