

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000005022

1. Entity Name
GOLD KROWN PROPERTIES, L.L.C.



Principal Place of Business
C/O KRONGOLD & SINGER, P.L.
1441 BRICKELL AVE., SUITE 1430
MIAMI, FL 33131 US

Mailing Address
C/O KRONGOLD & SINGER, P.L.
1441 BRICKELL AVE., SUITE 1430
MIAMI, FL 33131 US



03312006 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
65-0952281

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRONGOLD, M. RONALD
C/O KRONGOLD & SINGER, P.L.
1441 BRICKELL AVE., SUITE 1430
MIAMI, FL 33131

**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, 2006**

L990000510119
04/28/06-80070-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME KRONGOLD, M. RONALD
STREET ADDRESS 1441 BRICKELL AVE., SUITE 1430
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGR
NAME KRONGOLD, RANDI M
STREET ADDRESS 1441 BRICKELL AVE., SUITE 1430
CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #

3/31/06 (305) 416-4545