

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000002545

**FILED**  
**Jan 19, 2005**  
**Secretary of State**

**Entity Name:** GOLDSMITH DESIGN GROUP, LLC

**Current Principal Place of Business:**

50 EAST 42ND STREET, SUITE 1809  
C/O ARNOLD SPIEGEL  
NEW YORK, NY 10017

**New Principal Place of Business:**

155 SPRING STREET  
STREET FLOOR/STORE  
NEW YORK, NY 10012

**Current Mailing Address:**

50 EAST 42ND STREET, SUITE 1809  
C/O ARNOLD SPIEGEL  
NEW YORK, NY 10017

**New Mailing Address:**

155 SPRING STREET  
STREET FLOOR/STORE  
NEW YORK, NY 10012

**FEI Number:** 20-1251286

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOLDSMITH, HOWARD  
6019 LELAC ROAD  
BOCA RATON, FL 33496 US

**Name and Address of New Registered Agent:**

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/MEMBERS:**

Title: MGR ( ) Delete  
Name: GOLDSMITH, HOWARD  
Address: 50 EAST 42ND STREET, SUITE 1809  
City-St-Zip: NEW YORK, NY 10017

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GOLDSMITH, HOWARD  
Address: 6019 LE LAC ROAD  
City-St-Zip: BOCA RATON, FL 33496

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HOWARD S. GOLDSMITH

MM

01/19/2005

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