FILED

2008 NOV 12 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M04000003833

1. Entity Name
GOLD CREEK LLC

Principal Place of Business	Mailing Address
C/O CHADBOURNE & PARKE LLP 30 ROCKEFELLER PLAZA, ROOM 3237 NEW YORK, NY 10112	C/O CHADBOURNE & PARKE LLP 30 ROCKEFELLER PLAZA, ROOM 3237 NEW YORK, NY 10112

10242008 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
% Chadbourne & Parke LLP	% Chadbourne & Parke LLP
Suite, Apt. #, etc 30 Rockefeller Plaza, Room 3215A	Suite, Apt. #, etc 30 Rockefeller Plaza, Room 3215A
City & State: New York, New York	City & State: New York, New York
Zip: 10112-0127 Country: USA	Zip: 10112-0127 Country: USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75 **After January 1, 2009, Fee will be $277.50**	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MUELLER, URS P RIETLIWIG 5, CH-8704 HERRLIBERG, SWITZERLAND,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100137794901 11/10/08--01067--003 **138.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS SIEGEL, KARINA C/O CHAD.&PK.LLP, 30 ROCKEFELLER PLZ NEW YORK, NY 10112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: U. P. Mueller 10-28-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #