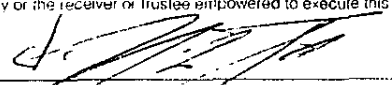


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 NOV 12 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M04000003833			
1. Entity Name GOLD CREEK LLC			
Principal Place of Business C/O CHADBOURNE & PARKE LLP 30 ROCKEFELLER PLAZA, ROOM 3237 NEW YORK, NY 10112		Mailing Address C/O CHADBOURNE & PARKE LLP 30 ROCKEFELLER PLAZA, ROOM 3237 NEW YORK, NY 10112	
2. Principal Place of Business - No P.O. Box # % Chadbourne & Parke LLP Suite, Apt. #, etc. 30 Rockefeller Plaza, Room 3215A City & State New York, New York Zip 10112-0127 Country USA		3. Mailing Address % Chadbourne & Parke LLP Suite, Apt. #, etc. 30 Rockefeller Plaza, Room 3215A City & State New York, New York Zip 10112-0127 Country USA	
		10242008 REIN-LLC CR2E101 (1/07)	
		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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent 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
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 #	