

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M97000000629**

1. Entity Name  
**ADGOLD ASSOCIATES LLC**



Principal Place of Business  
**C/O THE NEWKIRK GROUP  
TWO JERICO PLAZA, WING A, SUITE 111  
JERICO, NY 11753**

Mailing Address  
**C/O THE NEWKIRK GROUP  
TWO JERICO PLAZA, WING A, SUITE 111  
JERICO, NY 11753**



01042006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-2977830**

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**

**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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
ADGOLD MANAGER LLC  
TWO JERICO PLAZA, WING A, SUITE 111  
JERICO, NY 11753**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
CITY- ST- ZIP

U00000432340  
02/23/06-80063-015 50.00

**DO NOT WRITE  
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:** *By: Adgold Manager LLC, managing member*  
*By: KLP Manager Corp, manager*  
*By: Allison Forrester*

SIGNATURE AND TITLE OR PRINTED NAME OF MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

**ALLISON FORRESTER**

*1/23/06* *8* *516*

Date

Daytime Phone #