2007 FOR PROFIT CORPORATION

FILED Apr 11, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P02000109005 GOLDMAN PROPERTIES OF MIAMI BEACH, INC. Principal Place of Business Mailing Address 804 OCEAN DR. 804 OCEAN DR. 2ND FLOOR 2ND FLOOR MIAMI BCH, FL 33139 MIAMI BCH, FL 33139 01022007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0748710 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered: Agent COURTNEY, MARLO DO NOT WRITE 804 OCEAN DR. 2ND FLOOR IN THIS SPACE MIAMI BCH, FL 33139 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PD TITLE GOLDMAN, R. ANTHONY NAME STREET ADDRESS 804 OCEAN DR 2ND FLOOR CITY-ST-ZIP MIAMI BCH, FL 33139 1.端端的形式 TITLE SREBNICK, JESSICA G 804 OCEAN DR 2ND FLOOR STREET ADDRESS CITY-ST-ZIP MIAMI BCH, FL 33139 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP -

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as reported by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee empowered to expechanged, or on an attachment with an address, with all other light

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR