2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019991

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

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City-St-Zip:

Entity Name: CAN-AM GOLF GROUP, LLC

() Delete

FORT LAUDERDALE, FL 33321

() Delete

LAUDERDALE LAKES, FL 33313

GOULET, MARIE J

GOULET, HARMEL

7801 NW 80TH AVE 107

2601 NW 48TH TERR #251

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5800 NW 2ND AVE STE 201 551 SOUTH POMPANO PARKWAY, STE-A BOCA RATON, FL 33487 POMPANO BEACH, FL 33069 **Current Mailing Address: New Mailing Address:** 7801 NW 80TH AVE STE 107 551 SOUTH POMPANO PARKWAY, STE-A FORT LAUDERDALE, FL 33321 POMPANO BEACH, FL 33069 FEI Number: 20-0865442 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARTHE & LEIGH, LLP 2455 E. SUNRISE BLVD. FORT LAUDERDALE, FL 33304 US 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/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BOURQUE, CHARLES Name: Name: Address: 7801 NW 80TH AVE STE 107 Address: City-St-Zip: FORT LAUDERDALE, FL 33321 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GOULET, MICHAEL Name: Address: 1391 NW 45TH ST #101 Address: City-St-Zip: DEERFIELD BEACH, FL 33064 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

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SIGNATURE: CHARLES BOURQUES MNG 04/22/2009