

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000001412

Entity Name: GOLD COACH TOURS, LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

110 ESAT BROWARD BLVD
790
FT LAUDERDALE, FL 33301

New Principal Place of Business:

110 EAST BROWARD BLVD
790
FT LAUDERDALE, FL 33301

Current Mailing Address:

110 ESAT BROWARD BLVD
790
FT LAUDERDALE, FL 33301

New Mailing Address:

110 EAST BROWARD BLVD
790
FT LAUDERDALE, FL 33301

FEI Number: 30-0398072 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FIXLER, EFRAM
110 EAST BROWARD BLVD
790
FT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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:

Title: MGR () Delete
Name: FIXLER, EFRAM
Address: 110 EAST BROWARD BLVD
City-St-Zip: FT LAUDERDALE, FL 33301

Title: MGR () Delete
Name: MARMURSTEIN, ZEV
Address: 110 EAST BROWARD BLVD
City-St-Zip: FT LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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.

SIGNATURE: EFRAM FIXLER

MGR

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date