

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000086075

Entity Name: GOLAN GROUP, LLC

FILED  
Jul 02, 2008  
Secretary of State

**Current Principal Place of Business:**

5100 TOWN CENTER CIRCLE, STE 430  
BOCA RATON, FL 33486

**New Principal Place of Business:**

449 BAY LEAF DRIVE  
KISSIMMEE, FL 34759

**Current Mailing Address:**

5100 TOWN CENTER CIRCLE, STE 430  
BOCA RATON, FL 33486

**New Mailing Address:**

449 BAY LEAF DRIVE  
KISSIMMEE, FL 34759

FEI Number: 26-0855229

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

E.H.G. RESIDENT AGENTS, INC.  
5100 TOWN CENTER CIRCLE, STE 430  
BOCA RATON, FL 33486 US

**Name and Address of New Registered Agent:**

PARSONS, DEBORAH S  
449 BAY LEAF DRIVE  
KISSIMMEE, FL 34759 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: DEBORAH S. PARSONS

07/02/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MM ( ) Change (X) Addition  
Name: GOLAN, AMNON  
Address: 19111 COLLINS AVENUE #801  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: M ( ) Change (X) Addition  
Name: GOLAN, DINA  
Address: 19111 COLLINS AVENUE #801  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: M ( ) Change (X) Addition  
Name: GOLAN FAMILY TRUST I, I  
Address: 19111 COLLINS AVENUE #801  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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: AMNON GOLAN

MM

07/02/2008

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