

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000086075

**FILED**  
**Aug 28, 2008**  
**Secretary of State****Entity Name:** GOLAN GROUP, LLC**Current Principal Place of Business:**449 BAY LEAF DRIVE  
KISSIMMEE, FL 34759**New Principal Place of Business:****Current Mailing Address:**449 BAY LEAF DRIVE  
KISSIMMEE, FL 34759**New Mailing Address:****FEI Number:** 26-0855229**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**PARSONS, DEBORAH S  
449 BAY LEAF DRIVE  
KISSIMMEE, FL 34759 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:** GOLAN, AMNON  
**Address:** 19111 COLLINS AVENUE #801  
**City-St-Zip:** SUNNY ISLES BEACH, FL 33160**Title:** MGRM ( ) Delete  
**Name:** GOLAN, GUY  
**Address:** 19111 COLLINS AVENUE #801  
**City-St-Zip:** SUNNY ISLES BEACH, FL 33160**Title:** M ( ) Delete  
**Name:** GOLAN FAMILY TRUST,  
**Address:** 19111 COLLINS AVENUE #801  
**City-St-Zip:** SUNNY ISLES BEACH, FL 33160**Title:** M ( ) Delete  
**Name:** SARI SCHACHTEL FAMIL, Y TRUST  
**Address:** 19111 COLLINS AVENUE #801  
**City-St-Zip:** SUNNY ISLES BEACH, FL 33160**Title:** M ( ) Delete  
**Name:** EYAL GOLAN FAMILY TR, UST  
**Address:** 19111 COLLINS AVENUE #801  
**City-St-Zip:** SUNNY ISLES BEACH, FL 33160**Title:** M ( ) Delete  
**Name:** SCHACHTEL, SARI  
**Address:** 19111 COLLINS AVENUE #801  
**City-St-Zip:** SUNNY ISLES BEACH, FL 33160**ADDITIONS/CHANGES:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** M (X) Change ( ) Addition  
**Name:** GUY GOLAN FAMILY TRU, ST  
**Address:** 19111 COLLINS AVENUE #801  
**City-St-Zip:** SUNNY ISLES BEACH, FL 33160**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****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: AMNON GOLAN

MGR

08/28/2008

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