

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000086075

FILED
Jun 12, 2009
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: MGRM () Delete
Name: GUY GOLAN FAMILY TRUST
Address: 19111 COLLINS AVENUE #801
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGRM () Delete
Name: SARI SCHACHTEL FAMILY TRUST
Address: 19111 COLLINS AVENUE #801
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGRM (X) Delete
Name: EYAL GOLAN FAMILY TRUST
Address: 19111 COLLINS AVENUE #801
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGRM (X) 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: MGRM (X) Change () Addition
Name: GOLAN, GUY
Address: 1249 PARK AVENUE
City-St-Zip: NEW YORK, NY 10029

Title: MGRM (X) Change () Addition
Name: SCHACHTEL, SARI
Address: 6 STRAUSS TERRACE
City-St-Zip: RANCHO MIRAGE, CA 92270

Title: MGRM (X) Change () Addition
Name: EYAL GOLAN FAMILY TRUST
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:

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

06/12/2009

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