

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000102950

FILED
Apr 27, 2009
Secretary of State

Entity Name: GOLPORT INVESTMENTS GROUP, LLC

Current Principal Place of Business:

502 PARSLEY COURT
KISSIMMEE, FL 34759

New Principal Place of Business:

449 BAY LEAF DRIVE
KISSIMMEE, FL 34759

Current Mailing Address:

502 PARSLEY COURT
KISSIMMEE, FL 34759

New Mailing Address:

449 BAY LEAF DRIVE
KISSIMMEE, FL 34759

FEI Number: 20-5569089

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, SUITE 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: D PARSONS

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: GOLAN, AMNON
Address: 19111 COLLINS AVENUE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VP () Delete
Name: KLEIDER, ITZHIK
Address: 535 ANISE
City-St-Zip: KISSIMMEE, FL 34759

Title: VPS () Delete
Name: DAVENPORT, RICHARD A
Address: 16335 MARIPOSA CIRCLE NORTH
City-St-Zip: PEMBROKE PINES, FL 33331

Title: T (X) Delete
Name: GOLAN, GUY
Address: 19111 COLLINS AVENUE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VP () Delete
Name: DAVENPORT, JAMES S
Address: 18065 SW 82ND AVENUE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES:

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

Title: VP (X) Change () Addition
Name: KLEIDER, ITZHIK
Address: 451 BAY LEAF DRIVE
City-St-Zip: KISSIMMEE, FL 34759

Title: VPS (X) Change () Addition
Name: DAVENPORT, RICHARD A
Address: 15013 SUMMIT PLACE CIRCLE
City-St-Zip: NAPLES, FL 34119

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: RICHARD A DAVENPORT

VP

04/27/2009

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