

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000058535

Entity Name: GPLF LIMITED, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

10796 PINES BLVD
SUITE 204
PEMBROKE PINES, FL 33026 US

New Principal Place of Business:

Current Mailing Address:

10796 PINES BLVD
SUITE 204
PEMBROKE PINES, FL 33026 US

New Mailing Address:

FEI Number: 26-3320301 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:

MOYAL, PATRICK
10796 PINES BLVD
SUITE 204
PEMBROKE PINES, FL 33026 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: MGRM () Delete
Name: LACHAMP, MONIQUE
Address: 35 BIS RUE DU DOCTEUR MARCON
City-St-Zip: BANDOL, FR 83150 FR

Title: MGR () Delete
Name: GASPERINI, ERIC
Address: 283 AVENUE DE LA CORNICHE
City-St-Zip: SANARY SUR MER, FR 83110 FR

Title: MGR () Delete
Name: PORCEL, JEAN PIERRE
Address: 196 AVENUE DE LA PAPOU
City-St-Zip: SANARY SUR MER, FR 83110 FR

Title: MGR () Delete
Name: FOACHE, BERTRAND
Address: 9 RUE DE REMUSAT
City-St-Zip: PARIS, FR 75016 FR

ADDITIONS/CHANGES:

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

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: LACHAMP MONIQUE

MGRM

05/01/2009

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