'Al	Y COMPANY EPORT 8	LORIDA DEPARTMEN Y OF STATE Sandra P. Mortham Secretary of State DIVISION OF CORPORATIONS			FILED 98 APR -8 PM 2: 00 SECRETARY OF STAIL FALLAHASSEE, FLORIDA					
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE]	MCUAHAS	SEE, F	Ľďriba
1. Name and Malling Address of Limited Liability Company DOCUMENT # L9700000935 GO PRO MANAGEMENT, LC 21785 CYPRESS DRIVE HORIZONS BUILDING #46E BOCA RATON FL 33433							1a. Principal Place of Business Address 21785 CYPRESS DRIVE HORIZONS BUILDING #46E BOCA RATON FL 33433			
2. Principal Place of Business 2a. Maili				ng Address			3. Date Organize	d or Qualified	3a. State	e of Formation
Sulte, Apt. #, etc. City & State				Suite, Apt. #, etc. City & State			08/22/1997 FI 4. FEI Number ☐ Applied For ☐ Not Applicable			
Žip		Country and Address of Curren	Zip		Count		5. Date of Last R		\$8.75 Add	cate of Status Desired
GREENE, RICHARD B 21785 CYPRESS DRIVE HORIZONS BUILDING #46E BOCA RATON FL 33433 9. Pursuant to the provisions of Sections 608.416 and 608.508, Fic Its registered office or registered agent, or both, in the State of Florida as registered agent, and accept the obligations.					Street Address (P.O. Box No. 1) Suite, Apt. #, etc. City Florida Statutes, the above-named limited liability colla. Such change was authorized by affirmative vote or			-04/14/9801016005 ****188.75 ****188.75 Zip Code submits this statement for the purpose of changing rity of the members. I hereby accept the appointment		
SIGNATURE / War B / Sullive (Hegistered Agent Accepting Appleininent) (NOTE Registered Agent signature required when reinstating										
10. Title	Managing Members/Managers			Business Street Address 5851 HOLMBERG RD. APT.			7 TD TT 20	City, State and Zip Code		
(FURSTEIN, ADAM C GREENE, RICHARD B			21785 CYPRESS DRIVE			BOCA RATON FL			
	SAVAGE, RAYMOND L			1866 OLDE BUCKINGHAM RD.			HAMPTON VA			
MGR	JAVADA	180 MAIDEN LANE STE. 3926			NEW YORK NY					
MGR	JENSEN, JAMES			5851 HOLMBERG RD. #3113			PARKLAND FL			
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indicated or limited liabil	n this annual r	t the information supplied we port is true and accurate or the receiver or trustee eless.	and that my s	ionature shall b	nave the	same legal effect a	s if made under oath	; that I am a ma	naging me	mber or manager of the
CICN	ATURE	. .								