


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000009693**

1. Entity Name  
**GOLA REALTY, LLC**



<b>Principal Place of Business</b> 734 SOUTH LAKE AVENUE DELRAY BEACH, FL 33483 US	<b>Mailing Address</b> 734 SOUTH LAKE AVENUE DELRAY BEACH, FL 33483 US
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**DO NOT WRITE IN THIS SPACE**



07282007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 56-2339313	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CARLEE, LANE  
 734 SOUTH LAKE AVENUE  
 DELRAY BEACH, FL 33483

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Carlee Lane DATE 7/30/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00 Due by September 14, 2007**

U00000771251  
 09/02/07-80004-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARLEE, LANE 734 SOUTH LAKE AVENUE DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOSNELL, CAROL M 907 DENERY LANE DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOSNELL, MICHAEL D 907 DENERY LANE DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOSNELL, MILES H 907 DENERY LANE DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Carlee Lane DATE 7/30/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #