2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 18, 2007 8:00 am Secretary of State

DOCUMENT # L06000047349 1. Entity Name GO DAWGS, LLC						01-18-2007 9	90023 001 **	*200.	00
Principal Place	e of Business	Mailing Address		-	1				
29 RIVERSIDE DRIVE		29 RIVERSIDE DRIVE		30000060					
#602 COCOA, FL 32922 US		#602 COCOA, FL 32922 US							
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address		_		BBNE BNA EGUN BBNY BEN			LOI 111 18 D1
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01152007	Chg-LLC	CR2E083 (1	2/06)		
City & State		City & State		4. FEI Number				plied For Applicable	
Zip	Country	Zip	Countr	ry		of Status Desired		0 Addi	itional
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and	Address of New F		equired	
				Name				,	
KANCILIA, JOHN R ESQ 1800 W. HIBISCUS BOULEVARD			-	Street Address (P.O. Box Number is Not Acceptable)					
SUITE 138 MELBOURNE, FL 32901			_					***	
				City			FL Z	p Code	
	named entity submits this statement for	r the purpose of changing its	registere	d office or registe	ered agent, or bo	th, in the State of Fi		ır with, a	and accept
the obligat	ions of registered agent.								
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOT)	E: Registered	Agent signature require	ed when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007									
Fi Di	ling Fee is \$50.00 ue by May 1, 2007		-	<u>-</u>			e check payab a Department o		
Fi Do	ling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE	RS/MANAGERS	10.		1		a Department o		
9. TITLE	ue by May 1, 2007 MANAGING MEMBE MGR	☐ Delete	TITLE		1	Florid	A Department of		☐ Addition
9. TITLE NAME	MANAGING MEMBE MGR KENNEDY POINT MARINA, INC.	☐ Delete	TITLE NAME			Florid	A Department of	f State	
9. TITLE	ue by May 1, 2007 MANAGING MEMBE MGR	☐ Delete	TITLE NAME STREE			Florid	A Department of	f State	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR KENNEDY POINT MARINA, INC. 29 RIVERSIDE DRIVE, #602	☐ Delete	TITLE NAME STREE	T ADDRESS ST-ZIP		Florid	a Department o	f State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGR KENNEDY POINT MARINA, INC. 29 RIVERSIDE DRIVE, #602	☐ Delete	TITLE NAME STREE CITY- TITLE NAME	T ADDRESS ST-ZIP		Florid	a Department o	f State	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR KENNEDY POINT MARINA, INC. 29 RIVERSIDE DRIVE, #602	☐ Delete	TITLE NAME STREE CITY- TITLE NAME STREE	T ADDRESS ST-ZIP		Florid	a Department o	f State	☐ Addition
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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: E Wars
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

16/67 321-631, 40E