

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048464

Entity Name: GONEKAYAKING, LLC

FILED  
Mar 16, 2007  
Secretary of State

**Current Principal Place of Business:**

1045 SW 13TH STREET  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

1045 SW 13TH STREET  
BOCA RATON, FL 33486

**New Mailing Address:**

1045 SW 13TH STREET  
BOCA RATON, FL 33486 US

FEI Number: 20-4854288

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEIXNER, LYNDA S  
1045 SW 13TH STREET  
BOCA RATON, FL 33486 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: LEIXNER, LYNDA S  
Address: 1045 SW 13TH STREET  
City-St-Zip: BOCA RATON, FL 33486

Title: MGRM ( ) Delete  
Name: GAUDET, HENRY G  
Address: 1045 SW 13TH STREET  
City-St-Zip: BOCA RATON, FL 33486

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LEIXNER, LYNDA S  
Address: 1045 SW 13TH STREET  
City-St-Zip: BOCA RATON, FL 33486 US

Title: MGRM (X) Change ( ) Addition  
Name: GAUDET, HENRY G  
Address: 1045 SW 13TH STREET  
City-St-Zip: BOCA RATON, FL 33486 US

I hereby certify that the information supplied with this filing does not qualify for the 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: LYNDA S. LEIXNER

PRES

03/16/2007

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