2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

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Entity Name: GODIN ENTERPRISES, LLC

Current Principal Place of Business:

1863 ROCKLEDGE DRIVE
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

655 SOMMERS HAMMOCK LANE
MERRITT ISLAND, FL 32953 US

New Mailing Address:

1863 ROCKLEDGE DRIVE
ROCKLEDGE, FL 32955 US

FEI Number: 61-1506055 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GODIN, SUSAN J
655 SOMMERS HAMMOCK LANE
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

GODIN, SUSAN J
1863 ROCKLEDGE DRIVE
ROCKLEDGE, FL 32955 US

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: 01/04/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GODIN, ROBERT J
Address: 655 SOMMERS HAMMOCK LANE
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: MGRM ( ) Delete
Name: GODIN, SUSAN J
Address: 655 SOMMERS HAMMOCK LANE
City-St-Zip: MERRITT ISLAND, FL 32953 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GODIN, ROBERT J
Address: 1863 ROCKLEDGE DRIVE
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: MGRM (X) Change ( ) Addition
Name: GODIN, SUSAN J
Address: 1863 ROCKLEDGE DRIVE
City-St-Zip: ROCKLEDGE, FL 32955 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: SUSAN J. GODIN MGRM 01/04/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date