## **2007 LIMITED LIABILITY COMPANY**

## ANNUAL REPORT

## DOCUMENT #1 06000123147 ATTION

FILED Apr 16, 2007 8:00 am Secretary of State

04-16-2007 90351 006 \*\*\*\*50.00

1. Entity Name GOBELMAN, LOVE, GAVIN, WASILENKO & BROUGHAN, L.L.C.											
Principal Place 815 SOUTH I SUITE 300 JACKSONVILL	MAIN STREE	T	Mailing Address 815 SOUTH MAIN STREET SUITE 300 JACKSONVILLE, FL 32207								
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03292007	Chg-LLC	CR2E08	33 (12/06)			
City & State		City & State			4. FEI Number	59-287 <u>5</u> 94	10	<del></del>	plied For t Applicable		
Zip Country		Zip	Coun	try		of Status Desired		5.00 Add ee Required			
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
WESTBROOK, HELEN K 815 SOUTH MAIN STREET						ss (P.O. Box Number is Not Acceptable)					
SUITE 300 JACKSONVILLE, FL 32207											
					City			FL	Zip Code		
	named entity ions of regist		the purpose of changing its	registere	ed office or register	ed agent, or both	i, in the State of Flo	rida. I am fa	amiliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOTE	: Registere	d Agent signature required	(when reinstating)		DATE	<del></del>		
Filing Fee is \$50.00 Due by May 1, 2007						Make check payable to Florida Department of State					
Fi Di	iling Fee i ue by May	s \$50.00 y 1, 2007							-	3	
Fi De	iling Fee i ue by May	s \$50.00 y 1, 2007 MANAGING MEMBEF	RS/MANAGERS	10.				Departme	ent of State		
9.	MGRM	MANAGING MEMBER	RS/MANAGERS	TITLE			Florida	Departme	-	Addition	
9. TITLE NAME	MGRM GOBELM	MANAGING MEMBER  AN, ROBERT C	☐ Delete	TITLE	E		Florida	Departme	ent of State		
9.	MGRM GOBELM/ 1596 LAN	MANAGING MEMBER  AN, ROBERT C  ICASTER TERRACE UN	☐ Delete	TITLE NAM STRE			Florida	Departme	ent of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOBELM/ 1596 LAN	MANAGING MEMBER  AN, ROBERT C	☐ Delete	TITLE NAM STRE	E ET ADORESS - ST - ZIP		Florida	Departme	ent of State		
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

129/07 904-393-9007