


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000007463</b> 1. Entity Name GOI AGENCY, LLC	
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Principal Place of Business 2100 19TH STREET SARASOTA, FL 34234	Mailing Address 2100 19TH STREET SARASOTA, FL 34234
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**DO NOT WRITE IN THIS SPACE**



05032004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3663303	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  UCCELLO, ANTONIO F III 4744 SPINMAKER DR BRADENTON, FL 34208
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS		U00000158283 05/07/04-80015-012 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM UCCELLO, ANTONIO F III 4744 SPINNAKER DR BRADENTON, FL 34208	<b>DO NOT WRITE IN THIS SPACE</b>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #