

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016087

Entity Name: GOEMAERE FAMILY, LLC

FILED
Jan 22, 2008
Secretary of State

Current Principal Place of Business:

34760 EBERLEIN
FRASER, MI 48026

New Principal Place of Business:

Current Mailing Address:

34760 EBERLEIN
FRASER, MI 48026

New Mailing Address:

FEI Number: 26-0005276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TIMOTHY NICHOLAS THOMAS, PA
99198 OVERSEAS HWY
KEY LARGO, FL 33037 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: GOEMARE, RUSS
Address: 34760 EBERLEIN
City-St-Zip: FRASER, MI 48026

Title: MGRM () Delete
Name: MARINO, DANA
Address: 34760 EBERLEIN
City-St-Zip: FRASER, MI 48026

Title: MGRM () Delete
Name: GOEMAERE, MARK A
Address: 34760 EBERLEIN
City-St-Zip: FRASER, MI 48026

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MARINO, DANA
Address: 37884 LAKESHORE DR.
City-St-Zip: HARRISON TWP, MI 48045

Title: MGRM (X) Change () Addition
Name: GOEMAERE, MARK A
Address: 16668 FORESTVIEW
City-St-Zip: CLINTON TWP, MI 48036

I hereby certify that the information supplied with this filing does not qualify 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: RUSSELL JOHN GOEMAERE

MMGR

01/22/2008

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