



FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90065 027 ****50.00

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

| | | | |
|---|--|---|---------------------------------------|
| DOCUMENT # L02000002295 | |  | |
| 1. Entity Name GOFOR HOLDINGS, LLC | | | |
| DO NOT WRITE IN THIS SPACE | | | |
| 2. Principal Place of Business 199 OCEAN LANE DRIVE | | 3. Mailing Address 10220 MEMORIAL DR. | |
| Suite, Apt. #, etc. 313 | | Suite, Apt. #, etc. 60 | |
| City & State KEY BISCAIYNE, FL | | City & State HOUSTON, TX | |
| Zip 33149 | Country USA | Zip 77024 | Country USA |
| 4. FEI Number | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 7. Name and Address of Current Registered Agent | | | |
| Name GUILLERMO RANGEL | | | |
| Street Address (P.O. Box Number is Not Acceptable) 199 OCEAN LANE DRIVE, #313 | | | |
| City KEY BISCAIYNE, | | FL | Zip Code 33149 |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | |
| FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGING MEMBER GUILLERMO RANGEL 199 OCEAN LANE DRIVE, #313 KEY BISCAIYNE, FL 33149 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGING MEMBER OLINDA RANGEL 199 OCEAN LANE DRIVE, #313 KEY BISCAIYNE, FL 33149 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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)(i), 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:  | | Date 07/03/03 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | |

CR2E083B (12/02)