2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006
Secretary of State

DOCUMENT# L02000021636

Entity Name: A. GOFF AND ASSOCIATES, LLC

Current Principal Place of Business:

558 APOLLO AVENUE
DELTONA, FL 32725

New Principal Place of Business:

835 S. BUENA VISTA DR.
LAKE ALFRED, FL 33850

Current Mailing Address:

558 APOLLO AVENUE
DELTONA, FL 32725

New Mailing Address:

835 S. BUENA VISTA DR.
LAKE ALFRED, FL 33850

FEI Number: 06-1643865 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOFF, ALAN T
558 APOLLO AVENUE
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

GOFF, ALAN T
835 S. BUENA VISTA DR.
LAKE ALFED, FL 33850 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: _____ 04/14/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GOFF, ALAN T
Address: 558 APOLLO AVENUE
City-St-Zip: DELTONA, FL 32725

Title: MGR ( ) Delete
Name: GOFF, APRIL M
Address: 558 APOLLO AVENUE
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GOFF, ALAN T
Address: 835 S. BUENA VISTA DR.
City-St-Zip: LAKE ALFRED, FL 33850

Title: MGR (X) Change ( ) Addition
Name: GOFF, APRIL M
Address: 835 S. BUENA VISTA DR.
City-St-Zip: LAKE ALFRED, FL 33850

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: ALAN T. GOFF MGR 04/14/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date