


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 17, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L02000026473 1. Entity Name GOFF PROPERTIES, LLC |  |
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| Principal Place of Business PO BOX 1138 LAKE WALES, FL 33859-1138 | Mailing Address PO BOX 1138 LAKE WALES, FL 33859-1138 |
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01202005No Chg-LLC

CR2E083 (10/03)

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| 4. FEI Number 13-4216223 | 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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| 5. Name and Address of Current Registered Agent GOFF, KENNETH J 1817 S. HIGHLAND PARK DRIVE LAKE WALES, FL 33898 |
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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.

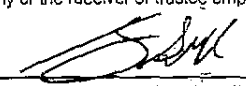
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GOFF, KENNETH J 1817 SOUTH HIGHLAND PARK DRIVE LAKE WALES, FL 33898 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GOFF, JANE H 1817 S. HIGHLAND PARK DR LAKE WALES, FL 33898 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GOFF, KJ & JH 1817 S. HIGHLAND PARK DR LAKE WALES, FL 33898 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| 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.

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|---|---------------------|
| SIGNATURE:  | 2-11-05 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | <small>Date</small> |