2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

VILLAUF INTI ANI				
DOCUMENT # L02000026473				Secretary of State
1. Entity Name				
GOFF PF	ROPERTIES, LLC			
:			THE PARTY OF THE P	
Principal Plac	e of Business	Måiling Address		
PO BOX 113		PO BOX 1138		
LAKE WALES	, FL 33859-1 <u>1</u> 38	LAKE WALES, FL 33859-1138	;	
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 			ALL TOTAL SECTION	
DO NOT WRITE IN THIS SPACE				
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DO NOT WHITE		IIV I IIIO SPAC	CE	4. FEI Number Applied For
				13-4216223 Not Applicable
}				5. Certificate of Status Desired
5. Name and Address of Current Registered Agent				
GOEE KE	NNETH.I			DO NOT WOITE
GOFF, KENNETH J 1817 S. HIGHLAND PARK DRIVE			DO NOT WRITE	
LAKE WALES, FL 33898				IN THIS SPACE
The state of the s				
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 replistered again and Tille II applicable. (NOTE Registered Agent signature required when reinstaling) DATE				
151	iling Fee is \$50.00	<u></u>		The second secon
Due by May 1, 2005				
9. MANAGING MEMBERS/MANAGERS				
TITLE	MGRM	io junitivo E io		
NAME	GOFF, KENNETH J		ì	
STREET ADDRESS	1817 SOUTH HIGHLAND PARK D	PRIVE	·	The control of the state of the
CITY-ST-ZIP	LAKE WALES, FL 33898			
TITLE NAME	MGR GOFF, JANE H			Try 11/ 03-00031.pc3 30:00
STREET ADDRESS	1817 S. HIGHLAND PARK DR			
CITY-ST-ZIP	LAKE WALES, FL 33898			
TITLE	MGR	<u>:</u>		
NAME CONCET ADDRESS	GOFF, KJ & JH		ł	
STREET ADDRESS CITY-ST-ZIP	1817 S. HIGHLAND PARK DR LAKE WALES. FL 33898	•	j	DO NOT WRITE
Title				IN THIS SDACE
NAME				IN THIS SPACE
STREET ADDRESS	İ		1	
CITY-ST-ZIP			.	
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NAME STREET ANDRESS			1	
STREET ADDRESS CITY-ST-ZIP				

11. I hereby certity 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-11-05

Daytime Phone #