

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # L02000026473

1. Entity Name
GOFF PROPERTIES, LLC



Principal Place of Business

PO BOX 1138
LAKE WALES, FL 33859-1138

Mailing Address

PO BOX 1138
LAKE WALES, FL 33859-1138



03072007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

13-4216223

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOFF, KENNETH J
1817 S. HIGHLAND PARK DRIVE
LAKE WALES, FL 33898

**DO NOT WRITE
IN THIS SPACE**

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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GOFF, KENNETH J
STREET ADDRESS	1817 SOUTH HIGHLAND PARK DRIVE
CITY-ST-ZIP	LAKE WALES, FL 33898

TITLE	MGR
NAME	GOFF, JANE H
STREET ADDRESS	1817 S. HIGHLAND PARK DR
CITY-ST-ZIP	LAKE WALES, FL 33898

TITLE	MGR
NAME	GOFF, KJ & JH
STREET ADDRESS	1817 S. HIGHLAND PARK DR
CITY-ST-ZIP	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	

**DO NOT WRITE
IN THIS SPACE**

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05/15/07-80119-025 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

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

Date

Daytime Phone #

4.25.07