2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000003745

1. Entity Name GO2FLO LLC



Principal Place of Business

% STRAUSS & TROY/ATTN: D.H. DEMMERLE, II 150 EAST FOURTH STREET, FOURTH FLOOR CINCINNATI, OH 45202-4018 Mailing Address

% STRAUSS & TROY/ATTN: D.H. DEMMERLË, II 150 EAST FOURTH STREET, FOURTH FLOOR CINCINNATI, OH 45202-4018 FILED Jan 12, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01042006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 32-0059554

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ASHBY, BILL 161 GOLF VISTA CIRCLE DAVENPORT, FL 33837 <u>_DO</u> 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 little if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS				*** ** ** ** *** ** ** *** ** *******
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11. I hereby certify that the Information supplied with this filling 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:

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

1/4/06

513.629.9427

Daytime Phone #