

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004365

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: GOPHER LLC

**Current Principal Place of Business:**

1225 WISCONSIN AVE  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

**Current Mailing Address:**

14632 MT.ZION RD  
DADE CITY, FL 33523

**New Mailing Address:**

FEI Number: 86-1055562

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSON, LEONARD H  
37837 MERIDIAN AVENUE  
SUITE 314  
DADE CITY, FL 33525 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SUTTON, BRENT  
Address: 14632 MT. ZION ROAD  
City-St-Zip: DADE CITY, FL 33523

Title: MGRM ( ) Delete  
Name: SUTTON, GARY  
Address: 4964 MOUNTAIN CREEK DRIVE  
City-St-Zip: LAS VEGAS, NV 89148

Title: MGRM ( ) Delete  
Name: MORLAN, REBECCA  
Address: 1225 WISCONSIN AVENUE  
City-St-Zip: PALM HARBOR, FL 34683

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BRENT SUTTON

MGRM

01/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date