


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90075 023 \*\*\*\*50.00

<b>DOCUMENT # L03000015372</b> 1. Entity Name <b>GOTLAND, LLC</b>	
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Principal Place of Business <b>PO BOX 1569 NOKOMIS, FL 34274</b>	Mailing Address <b>PO BOX 1569 NOKOMIS, FL 34274</b>
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**DO NOT WRITE IN THIS SPACE**



01172005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>57-1175255</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

8. Name and Address of Current Registered Agent  
  
**ROBERTS, GREGORY C  
341 VENICE AVENUE WEST  
VENICE, FL 34285**

**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.

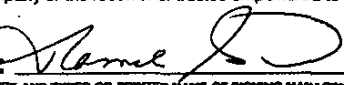
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIGMUND, PAMELA — PAMELA PO BOX 1569 NOKOMIS, FL 34274
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LITEGILL, RONALD 4411 BELL REDAL RD SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**  **PAMELA SIGMUND** 1/25/05 941-497-2763  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #