

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90228 047 ****50.00

DOCUMENT # L03000015372	
1. Entity Name GOTLAND, LLC	

Principal Place of Business PO BOX 1569 NOKOMIS, FL 34274	Mailing Address PO BOX 1569 NOKOMIS, FL 34274
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DO NOT WRITE IN THIS SPACE



02072006No Chg-LLC CR2E083 (11/05)

4. FEI Number 57-1175255	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. 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) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIGMUND, PAMOLA Pamela PO BOX 1569 NOKOMIS, FL 34274
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOEGEL RONALD Litzell 4411 BEVERLY DR Bee Ridge Road SARASOTA, FL 34233
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 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: *Pamela Sigmund* Pamela Sigmund 2/6/06 941-497-2763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #