


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000032411 1. Entity Name GOCO LLC	
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Principal Place of Business 8828 LAUREL DR. PINELLAS PARK, FL 33782	Mailing Address 8828 LAUREL DR. PINELLAS PARK, FL 33782
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DO NOT WRITE IN THIS SPACE



01082007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0305237	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GOVAN, MARK T 8828 LAUREL DR. PINELLAS PARK, FL 33782
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**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: MARK T. GOVAN 1/8/08
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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM GOVAN, MARK 8828 LAUREL DR. PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GOVAN, KATHLEEN 8828 LAUREL DR. PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GOVAN, JOHN 220 BELLEVIEW BLVD #609 BELAIRE, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GOVAN, ROBERTA 220 BELLEVIEW BLVD #609 BELAIRE, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/11/07-80032-025 50.00

**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: Mark T. Govan 1-808 727-546-8787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #