

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000036370

1. Entity Name
GOAT LIPS DELI, LLC



Principal Place of Business
2811 COPTER ROAD
PENSACOLA, FL 32514 US

Mailing Address
2811 COPTER ROAD
PENSACOLA, FL 32514 US

DO NOT WRITE IN THIS SPACE

**FILED
Apr 19, 2006 8:00 am
Secretary of State**

04-19-2006 90022 012 ****50.00



01062006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 81-0634572	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COWAN, LARRY
2811 COPTER ROAD
PENSACOLA, FL 32501-4

**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

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	COWAN, LARRY
STREET ADDRESS	2811 COPTER ROAD
CITY-ST-ZIP	PENSACOLA, FL 32514

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CITY-ST-ZIP	

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: *Larry Cowan*

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

4-1-06

Date

Daytime Phone #