


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000045082	
1. Entity Name GO ENTERPRISES LLC	
	
Principal Place of Business 2166B HIGHWAY 30A SANTA ROSA BEACH, FL 32459 US	Mailing Address P O BOX 2115 SANTA ROSA BEACH, FL 32459 US



01112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0399364	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 O'BRIEN, EDWARD J JR. 2166B HIGHWAY 30A SANTA ROSA BEACH, FL 32459	DO NOT WRITE IN THIS SPACE
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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)

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

000000789942
01/23/08-80014-013 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'BRIEN, EDWARD J JR P O BOX 2115 SANTA ROSA BEACH, FL 32549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'BRIEN, ELIZABETH R P O BOX 2115 SANTA ROSA BEACH, FL 32549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GYLLSTROM, HANS C 189 LOON LAKE DRIVE SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GYLLSTROM, LINDA M 189 LOON LAKE DRIVE SANTA ROSA BEACH, FL 32459
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 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: *Edward J. O'Brien* **1.16.08** **1-850-598-9444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #