

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90110 013 ****50.00

DOCUMENT # L03000049736	
1. Entity Name GEOGOUV, LLC	

Principal Place of Business 1371 SOUTH OCEAN BOULEVARD POMPAÑO BEACH, FL 33062	Mailing Address 1371 SOUTH OCEAN BOULEVARD POMPAÑO BEACH, FL 33062
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2. Principal Place of Business 400 No. RIVERSIDE DRIVE	3. Mailing Address 400 No. RIVERSIDE DRIVE
Suite, Apt. #, etc. APT. 102	Suite, Apt. #, etc. APT. 102

City & State POMPAÑO BEACH, FLORIDA	City & State POMPAÑO BEACH, FLORIDA
Zip 33062	Country U.S.A.
Zip 33062	Country U.S.A.



07072005 Chg-LLC CR2E083 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input checked="" 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	7. Name and Address of New Registered Agent
GOUVEIA, GEORGE 1371 SOUTH OCEAN BOULEVARD POMPAÑO BEACH, FL 33062	Name GOUVEIA, GEORGE (ADDRESS CHANGE ONLY)
	Street Address (P.O. Box Number is Not Acceptable) 400 No. RIVERSIDE DRIVE
	APT. 102
	City POMPAÑO BEACH, FL Zip Code 33062

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

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOUVEIA, GEORGE		NAME GOUVEIA, GEORGE	ADDRESS ONLY
STREET ADDRESS 1371 SOUTH OCEAN BOULEVARD		STREET ADDRESS 400 No. RIVERSIDE DRIVE - APT. 102	
CITY-ST-ZIP POMPAÑO BEACH, FL 33062		CITY-ST-ZIP POMPAÑO BEACH, FLORIDA 33062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: George Gouveia **7/15/05** **954-782-8282**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #