

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 POMPANO BEACH, FL 33062			Mailing Address 1371 SOUTH OCEAN BOULEVARD POMPANO BEACH, FL 33062		
2. Principal Place of Business 400 NO. RIVERSIDE DRIVE Suite, Apt. #, etc. APT. 102		3. Mailing Address 400 NO. RIVERSIDE DRIVE Suite, Apt. #, etc. APT. 102			
City & State POMPANO BEACH, FLORIDA		City & State POMPANO BEACH, FLORIDA		4. FEI Number NOT APPLICABLE	
Zip 33062		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GOUVEIA, GEORGE 1371 SOUTH OCEAN BOULEVARD POMPANO BEACH, FL 33062			7. Name and Address of New Registered Agent Name GOUVEIA, GEORGE (ADDRESS CHANGE ONLY) Street Address (P.O. Box Number is Not Acceptable) 400 NO. RIVERSIDE DRIVE APT. 102 City POMPANO 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 _____ (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			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GOUVEIA, GEORGE 1371 SOUTH OCEAN BOULEVARD POMPANO BEACH, FL 33062	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GOUVEIA, GEORGE 400 NO. RIVERSIDE DRIVE - APT. 102 POMPANO BEACH, FLORIDA 33062	<input checked="" type="checkbox"/> Change ONLY <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
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.					
GEORGE GOUVEIA, MGR.					
SIGNATURE: <u>George Gouveia</u>			Date: <u>7/15/05</u>		Daytime Phone #: <u>954-782-8282</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					