2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Jul 24, 2006 08:00 AN DOCUMENT # L04000006541 **Secretary of State** 1. Entity Name GOFF/HILL REAL ESTATE INVESTMENTS, LLC Principal Place of Business Mailing Address 8028 GRAND BAHAMA DR 8028 GRAND BAHAMA DR PENSACOLA FL 32506 PENSACOLA FL 32506 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E083 (4/06) Applied For City & State City & State 20-0663017 Not Applicable \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HILL, PATRICIA A Street Address (P.O. Box Number is Not Acceptable) 8028 GRAND BAHAMA DR PENSACOLA FL 32506 City Zip Code FL 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 6, 2006 MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES 9. MGR THLE □ Change ☐ Addition ☐ Delete HILL. PATRICIA A U000000571806 NAME 8028 GRAND BAHAMA DR 07/25/06-80003-006 55.00 STREET ADDRESS STREET ADDRESS PENSACOLA FL 32506 CITY-ST-ZIP CUY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE GOFF, JOHNNY H NAME 8028 GRAND BAHAMA DR STREET ADDRESS STREET ADDRESS PENSACOLA FL 32506 CITY+ST-ZIP CITY+ST-ZIP ☐ Change TITLE ☐ Delete TOLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED