2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L04000031783

1. Entity Name GOH LLC



FILED Feb 11, 2008 08:00 Al Secretary of State

Principal Place of Business

4000 AVALON RD WINTER GARDEN, FL 34787 Mailing Address

4000 AVALON RD WINTER GARDEN, FL 34787



01302008 No Chg-LLC DO NOT WRITE IN THIS SPACE

CR2E083 (12/07)

4. FEI Number 20-2188939 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HAAG, EMMETT T ADDD AVALON DD

DO NOT WRITE

WINTER	GARDEN, FL 34787	IN THIS SPACE	
the obligat	ions of registered agent.	ging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acc	ept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE	
After May	! NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME	MGRM		
STREET ADDRESS	HAAG, EMMETT T TRUSTEE 4000 AVALON RD	U00000824264 02/20/08-80071-009 138.75	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	02/28/08-800/1-003 130413	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE			
NAME			
CEDEET ADDRESS			

11. I hereby certify that the information supplied with this fling 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 manager or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP