

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033740

FILED
Jun 08, 2007
Secretary of State

Entity Name: GOULD INVESTMENT PARTNERS, LLC

Current Principal Place of Business:

13865 ATHENS DRIVE
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

13865 ATHENS DRIVE
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 41-2139780 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GOULD, DAVID JAMES II
13865 ATHENS DRIVE
JACKSONVILLE, FL 32223 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: GOULD, DAVID J II
Address: 13865 ATHENS DR.
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: JANET, GOULD C
Address: 31 SANDRO DR.
City-St-Zip: WARWICK, RI 02886 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: DAVID, GOULD J
Address: 15 DOWNEAST HIGHWAY
City-St-Zip: ELLSWORTH, ME 04605 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID J GOULD II

MGRM

06/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date