


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

|                                     |   |
|-------------------------------------|---|
| <b>DOCUMENT # L04000036812</b>      |  |
| 1. Entity Name<br><b>GOTO, LLC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>5140 BISCAYNE BOULEVARD<br/>MIAMI, FL 33137</b> | Mailing Address<br><b>5140 BISCAYNE BOULEVARD<br/>MIAMI, FL 33137</b> |
|---|---|



02142008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

|  |  |
|--|--|
| 4. FEI Number<br><b>20-1146485</b>                                   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$5.00</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent

**GOTO, KOKI  
5140 BISCAYNE BOULEVARD  
MIAMI, FL 33137**

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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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000831156  
02/27/08-80007-006 143.75

9. MANAGING MEMBERS/MANAGERS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>MGRM<br/>GOTO, KOKI<br/>5140 BISCAYNE BOULEVARD<br/>MIAMI, FL 33137</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

**DO NOT WRITE IN THIS SPACE**

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.

**SIGNATURE:** *Koki Goto* **2/14/08** **(305) 759-0914**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #