
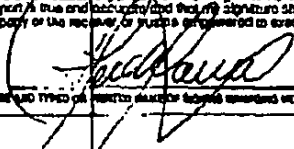


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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000040680			
1. Entity Name GOGO, LLC			
Principal Place of Business 400 S DIXIE HWY CORAL GABLES, FL 33148		Mailing Address 400 S DIXIE HWY CORAL GABLES, FL 33148	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. PEI Number 20-1179167		Applied Fee Not Applicable	
5. Certificate of Status Declared <input type="checkbox"/> \$5.00 Additional Fee Required		01142005 Ctg-LLC C92E033 (10/03)	
6. Name and Address of Current Registered Agent CORRIN, HEIDI 400 S DIXIE HWY CORAL GABLES, FL 33148		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		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.		DATE	
SIGNATURE		DATE	
Filing Fee to \$50.00 Must be by Money Order		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS / CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
11. I hereby certify that the information supplied herein is true and correct to the best of my knowledge and belief, and that my signature shall have the same legal effect as if made under oath, and 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 685, Part 6, Statutes.			
SIGNATURE: 		04/28/05 305-666294	