

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052918

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: GOVONI PROPERTIES LLC

**Current Principal Place of Business:**

117 E LAKE AVENUE  
SUITE A  
AUBURNDALE, FL 33823 US

**New Principal Place of Business:**

117 E LAKE AVENUE  
SUITE C  
AUBURNDALE, FL 33823 US

**Current Mailing Address:**

117 E LAKE AVENUE  
SUITE A  
AUBURNDALE, FL 33823 US

**New Mailing Address:**

117 E LAKE AVENUE  
SUITE C  
AUBURNDALE, FL 33823 US

FEI Number: 75-3126572

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOVONI, BRIAN R  
117 E LAKE AVENUE  
SUITE A  
AUBURNDALE, FL 33823 US

**Name and Address of New Registered Agent:**

GOVONI, BRIAN R  
117 E LAKE AVENUE  
SUITE C  
AUBURNDALE, FL 33823 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: \_\_\_\_\_

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GOVONI, BRIAN R  
Address: 117 E LAKE AVENUE - SUITE A  
City-St-Zip: AUBURNDALE, FL 33823

Title: MGRM ( ) Delete  
Name: GOVONI, HENRY C  
Address: 33 WAMSUTTA AVE.  
City-St-Zip: ACUSHNET, MA 02743

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GOVONI, BRIAN R  
Address: 117 E LAKE AVENUE - SUITE C  
City-St-Zip: AUBURNDALE, FL 33823

Title: M (X) Change ( ) Addition  
Name: GOVONI, HENRY C  
Address: 117 EAST LAKE AVENUE - SUITE C  
City-St-Zip: AUBURNDALE, FL 33823

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: AMANDA-JO NICHOLSON

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04/30/2008

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