## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L04000058372** FILED GO BEYOND LLC 07 APR 27 AM 9:31 Principal Place of Business Mailing Address SECRETARY OF STATE 2910 KERRY FOREST PKWY 2910 KERRY FOREST PKWY TALLAHASSEF, FLORIDA **STE 177 STE 177** TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1342 TIMBERLANE ROAD 1342 TIMBERLANE ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. 04252007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEL Number Applied For TALLAHASSEE, FL TALLAHASSEE, FL 20-1457510 Not Applicable Zip 32312 Country Country \$5.00 Additional 5. Certificate of Status Desired 32312 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Benham Hardee, P.A. BENHAM LAW FIRM, P.L. Street Address (P.O. Box Number is Not Acceptable) 2804 REMINGTON GREEN CIR 2804 Remington Green Circle STE 4 STE 4-ATTN: R. BENHAM TALLAHASSEE, FL 32308 ATTN: R. Benham City Zip Code **32308** Tallahassee 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 w DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10 ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE Change MGR ☐ Addition STAMM, ALLAN E NAME STAMM, ALLAN E STREET ADDRESS 2149 AMANDA MAE CT STREET ADDRESS 1342 TIMBERLANE ROAD CITY-ST-ZIP TALLAHASSEE, FL 32312 CITY-ST-ZIP TALLAHASSEE, FL 32312 MGR TITLE ☐ Delete TITLE MGR X Change ☐ Addition STAMM, JASON NAME NAME STAMM, JASON STREET ADDRESS 2149 AMANDA MAE CT STREET ADDRESS 1342 TIMBERLANE ROAD CITY-ST-ZIP TALLAHASSEE, FL 32312 CITY-ST-ZIP TALLAHASSEE, FL 32312 TITLE ☐ Delete TITEE ☐ Change Addition NAME NAME 100101703881 05/07/07--01021--013 \*\*50 STREET ADDRESS STREET ADDRESS \*\*50.00 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CTY-ST-ZIP CITY-ST-ZIP TILE ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Daytime Phone #