

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060268

Entity Name: GOCON LLC

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

121 NIGHT OWL COURT
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

121 NIGHT OWL COURT
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 20-1403927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARSEN, DAVID E
121 NIGHT OWL COURT
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGR () Delete
Name: CARVER, JONATHAN C
Address: 121 NIGHT OWL COURT
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGR (X) Delete
Name: FORTNER, DWIGHT A
Address: 5005 CUB LAKE DRIVE
City-St-Zip: APOPKA, FL 32703 US

Title: MGR (X) Delete
Name: CARVER, ALICIA
Address: 121 NIGHT OWL COURT
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGR () Delete
Name: LARSEN, DAVID E
Address: 981 STONE CREEK COURT
City-St-Zip: LONGWOOD, FL 32779 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CARVER, JONATHAN C
Address: 121 NIGHT OWL COURT
City-St-Zip: LONGWOOD, FL 32779 US

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JONATHAN CARVER

MGR

04/29/2005

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