
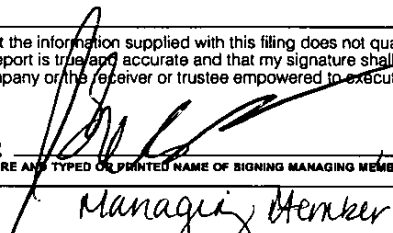


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90025 049 ****50.00

DOCUMENT # L04000063781 1. Entity Name B2 GOOSE/ATLANTIC, LLC					
Principal Place of Business 50 NORTH LAURA STREET, SUITE 2750 JACKSONVILLE, FL 32202			Mailing Address 50 NORTH LAURA STREET, SUITE 2750 JACKSONVILLE, FL 32202		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent BRANT, ABRAHAM, REITER & MCCORMICK, P.A. 50 NORTH LAURA STREET, SUITE 2750 JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MR GIESE, JOHN R 3560 CARDINAL POINT DRIVE, SUITE 201 JACKSONVILLE, FL 32257		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGM B2 GOOSE, LLC	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  President of B2 GOOSE, LLC <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date 3-9-06				Daytime Phone # _____	

BAR
M & G

ATTACHMENT

20016102

#FL04000063781

BRANT, ABRAHAM, REITER, MCCORMICK & GREENE, P.A.

- ATTORNEYS AND COUNSELLORS -

Amy H. Johnson
ahjohnson@barmg.com

March 13, 2006

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Division of Corporations
PO Box 6478
Tallahassee, FL 32314-6478

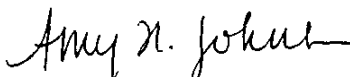
Re: 2006 Uniform Business Report

Dear Sir/Madam:

Enclosed please find the 2006 Uniform Business Report for B²Goose, LLC and B²Goose/Atlantic, LLC, along with checks numbered 1021 and 1062 in the amount of \$50.00 each for the applicable filing fees. Please file the reports upon receipt.

If you have any questions, please do not hesitate to call.

Very truly yours,


Amy H. Johnson

AHJ/dmh
Enclosures
00022398.DOC



ATTACHMENT
200616702
#L04000063781
Division of Corporations

2006 Annual Report

**Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual
report form.**

This information cannot be changed on the report.	
Document Number	L04000063781
Business Entity Name	B2 GOOSE/ATLANTIC, LLC
Original File Date	08/27/2004

FEI Number Applied For

Principal Address 50 NORTH LAURA STREET, SUITE 2750
 JACKSONVILLE, FL 32202

Mailing Address 50 NORTH LAURA STREET, SUITE 2750
 JACKSONVILLE, FL 32202

Registered Agent BRANT, ABRAHAM, REITER & MCCORMICK, P.A.
 50 NORTH LAURA STREET, SUITE 2750
 JACKSONVILLE, FL 32202 US

Managing Member/Manager Name And Address

MR
JOHN R GIESE
3560 CARDINAL POINT DRIVE, SUITE 201
JACKSONVILLE, FL 32257

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