

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075114

FILED  
Mar 24, 2006  
Secretary of State

Entity Name: GOGH FAUX ENTERPRISES, LLC

**Current Principal Place of Business:**

3187 ALBIN AVE  
NORTH PORT, FL 34286

**New Principal Place of Business:**

**Current Mailing Address:**

3187 ALBIN AVE.  
NORTH PORT, FL 34286

**New Mailing Address:**

FEI Number: 01-6628832      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HIGGINS, BJ  
3187 ALBIN AVE  
NORTH PORT, FL 34286      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/MANAGERS:**

Title: MGR ( ) Delete  
Name: HIGGINS, BJ  
Address: 3187 ALBIN AVE  
City-St-Zip: NORTH PORT, FL 34286

Title: MGRM ( ) Delete  
Name: HIGGINS, BEVERLY JANE  
Address: 124 HAPPY HAVEN DRIVE, LOT #15  
City-St-Zip: OSPREY, FL 34229

Title: MGRM ( ) Delete  
Name: GAGE, JULIE ANN  
Address: 3187 ALBIN AVE.  
City-St-Zip: NORTH PORT, FL 34286

Title: MGRM ( ) Delete  
Name: KONZ, BRITTANY JANE  
Address: 3187 ALBIN AVE.  
City-St-Zip: NORTH PORT, FL 34286

**ADDITIONS/CHANGES:**

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

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 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: BJ HIGGINS

MGR

03/24/2006

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