

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012012

Entity Name: GOFF VENTURES, LLC

FILED  
Jan 09, 2008  
Secretary of State

**Current Principal Place of Business:**

160 COURTYARD CIRCLE  
SANTA ROSA BEACH, FL 32459 US

**New Principal Place of Business:**

**Current Mailing Address:**

160 COURTYARD CIRCLE  
SANTA ROSA BEACH, FL 32459 US

**New Mailing Address:**

FEI Number: 26-0115736

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCNEESE, RICHARD S  
36468 EMERALD COAST PKWY  
SUITE 1201  
DESTIN, FL FL 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: MGRM ( ) Delete  
Name: GOFF, BRIAN D II  
Address: 160 COURTYARD CIRCLE  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: MGRM ( ) Delete  
Name: GOFF, KRISTEN R  
Address: 160 COURTYARD CIRCLE  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

**ADDITIONS/CHANGES:**

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 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: BRIAN D. GOFF II

MGRM

01/09/2008

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