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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000016453

1. Entity Name
GOZO ESTATES, LLC

Principal Place of Business	Mailing Address
99 NESBIT STREET C/O DAVID A. HOMES PUNTA GORDA, FL 33950	99 NESBIT STREET C/O DAVID A. HOMES PUNTA GORDA, FL 33950

08082006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLMES, DAVID A ESQ.
99 NESBIT STREET
PUNTA GORDA, FL 33950

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
MGR	JOSEPH SHWEREB	17 FERNWOOD ROAD	HUNTINGTON STATION, NY 11746	☐ Delete
MGR	MARTHA C. SHWEREB	17 FERNWOOD ROAD	HUNTINGTON STATION, NY 11746	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ 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: ____________________ 8/30/06 (941) 639-1158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

David A. Holmes, Authorized Representative