

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

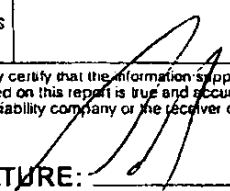
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L05000016453					
1. Entity Name GOZO ESTATES, LLC					
Principal Place of Business 99 NESBIT STREET C/O DAVID A. HOMES PUNTA GORDA, FL 33950			Mailing Address 99 NESBIT STREET C/O DAVID A. HOMES PUNTA GORDA, FL 33950		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
08082006 Chg-LLC CR2E083 (11/05)				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			7. Name and Address of New Registered Agent		
HOLMES, DAVID A ESQ. 99 NESBIT STREET PUNTA GORDA, FL 33950			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 _____ (NOTE: Registered Agent signature required when reappointing)					
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	JOSEPH SHWEREB 17 FERNWOOD ROAD HUNTINGTON STATION, NY 11746				☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MARTHA P. SHWEREB 17 FERNWOOD ROAD HUNTINGTON STATION, NY 11746				☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP					☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP					☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP					☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP					☐ Delete
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP					☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP					☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP					☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP					☐ 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	
David A. Holmes, Authorized Representative					