


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90171 003 ****50.00

DOCUMENT # L05000060508				
1. Entity Name GOSSELIN'S, LLC				
Principal Place of Business 10540 JEPSON ST. ORLANDO, FL 32825 US		Mailing Address 10540 JEPSON ST. ORLANDO, FL 32825 US		
2. Principal Place of Business 860 N. Orange Ave Suite, Apt. #, etc. 219		3. Mailing Address 860 N. Orange Ave. Suite, Apt. #, etc. 219		
City & State Orlando FL		City & State Orlando FL		
Zip 32801	Country U.S.A.	Zip 32801	Country U.S.A.	01312006 Chg-LLC CR2E083 (11/05)
4. FEI Number 55-0899599				Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent GOSSELIN, ERIC L 10540 JEPSON ST. ORLANDO, FL 32825			7. Name and Address of New Registered Agent Name Eric L. Gosselin Street Address (P.O. Box Number is Not Acceptable) 860 N. Orange Ave. #219 City Orlando FL Zip Code 32801	
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 <u><i>Eric Gosselin</i></u> Eric Gosselin		DATE 2/2/06		
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	MGRM GOSSELIN, ERIC L 10540 JEPSON ST. ORLANDO, FL 32825 <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	MGRM GOSSELIN, ARMAND M 6522 JOHN ALDEN WAY ORLANDO, FL 32818 <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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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	
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 606, Florida Statutes.				
SIGNATURE: <u><i>Eric Gosselin</i></u> Eric Gosselin		Date 2/2/06 Daytime Phone # (407) 911-3723		