


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90206 035 ***138.75

DOCUMENT # L05000105101			
1. Entity Name JOHN L. GOLDBERG, LLC			
Principal Place of Business 10252 SW HWY 336 DUNNELLON FL 34431		Mailing Address 10252 SW HWY 336 DUNNELLON FL 34431	
2. Principal Place of Business - No P.O. Box # 10252 Sw Hwy 336 Dunnellon, FL 34431 Levy		3. Mailing Address 10252 Sw Hwy 336 Dunnellon, FL 34431 Levy	
City & State	City & State	City & State	City & State
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/07)

4. FEI Number 20-3712186	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent GOLDBERG, JOHN L. 10252 SW HWY 336 DUNNELLON FL 34431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 John L. Goldberg DATE 4-30-08

Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when renewing)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDBERG, JOHN L. 10252 SW HWY 336 DUNNELLON FL 34431 <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
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: John L. Goldberg DATE: 4-30-08 (552) 266-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE