2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # L05000114444** 1. Entity Name
GOEB CONSULTING LLC 06 SEP 14 AM 11: 24 Principal Place of Business Maiting Address 122 DURHAM PLACE 122 DURHAM PLACE LONGWOOD, FL 32779 LONGWOOD, FL 32779 3. Mailing Address 2. Principal Place of Business Suite, Apl. #, etc. Suite, Apr. #, etc. 08082006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Nomber 1/ Applied For Not Applicable Žip Country Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GOEB, MICHAEL 122 DURHAM PLACE LONGWOOD, FL 32779 Street Address (P.O. Box Number Is Not Acceptable) Zip Code 8. The above ramed 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 prefed name of registered adem and title if epolicable. (NOTE: Registered Agent aigneture required when (enexacing) Filing Fee is \$50.00 Due by September 6, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. MGR MILE TITLE ☐ Delete Change Addition NAME GOEB, MICHAEL P NAME STREET ADDRESS 122 DURHAM PLACE STREET ADORESS CITY - \$1 - 71P LONGWOOD, FL 32779 CITY-ST-ZIP MGRM TITLE O Delete TITLE ☐ Change ☐ Addition GOEB, JULIA P HAME HAME 122 DURHAM PLACE STREET ADDRESS STREET ADDRESS CMY-ST-ZIP LONGWOOD, FL 32779 CITY-ST-212 TITLE Delete TITLE Change Addition KAME NUME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE TELE ☐ Delete ☐ Change ☐ Addition HAME HALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZP CHY-ST-ZIP TITLE Delete III £ ☐ Change ☐ Addition NLHE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Deteca TITLE Change ☐ Add:tion TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP 11. I hereby cortify 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. 8.15.06

G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/14/2006-90122-011-\$50.00-\$50.00