2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2007
Secretary of State

DOCUMENT# L06000008429

Entity Name: GOOSTERS LLC.

Current Principal Place of Business:

2218 PILAKLAKAHA AV. WEST
P.O. BOX 1545
AUBURNDALE, FL 33823

New Principal Place of Business:

2116 US HWY 92 WEST
AUBURNDALE, FL 33823

Current Mailing Address:

2218 PILAKLAKAHA AV. WEST
P.O. BOX 1545
AUBURNDALE, FL 33823

New Mailing Address:

2116 US HYW 92 WEST
AUBURNDALE, FL 33823

FEI Number: 20-5019980 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HICKS, DARYL G
2218 PILAKLAKAHA AV. WEST
AUBURNDALE, FL 33823 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HICKS, DARYL G
Address: 2218 PILAKLAKAHA AV. WEST
City-St-Zip: AUBURNDALE, FL 33823

Title: MGR ( ) Delete
Name: HICKS, STEPHANIE D
Address: 2218 PILAKLAKAHA AV. WEST
City-St-Zip: AUBURNDALE, FL 33823

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DARYL G. HICKS MGR 05/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date