


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90211 006 \*\*\*\*50.00

<b>DOCUMENT # L06000107360</b> 1. Entity Name GOFALAND, LLC <span style="float: right; margin-right: 50px;"><i>East</i></span>					
Principal Place of Business 27 <del>EAT</del> OCEAN BLVD. STUART, FL 34994			Mailing Address 27 <del>EAT</del> OCEAN BLVD. STUART, FL 34994		
2. Principal Place of Business - No P.O. Box # 27 <i>East Ocean Blvd.</i>		3. Mailing Address 27 <i>East Ocean Blvd.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State STUART, FL		City & State STUART, FL		4. FEI Number <input type="checkbox"/> Applied For Not Applicable	
Zip 34994		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  GEARY, CHARLES E ESQ. 27 <del>EAT</del> OCEAN BLVD. STUART, FL 34994 <span style="float: right;"><i>East</i></span>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 reinstating) DATE: _____					
Filing Fee is \$50.00 Due by May 1, 2007.			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JAREC LLC 27 <del>EAT</del> OCEAN BLVD. STUART, FL 34994 <span style="float: right;"><i>East</i></span>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JAREC LLC 27 <i>East Ocean Blvd</i> STUART, FL 34994 <input checked="" 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 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	
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 608, Florida Statutes.					
SIGNATURE: _____ <span style="float: right;"><i>1/4/07</i></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					