2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 05, 2008 8:00 am Secretary of State 01-31-2008 90065 032 ***138.75

DOCUMENT # L06000107360 1. Entity Name GOFLALAND, LLC							01-31-2	2008 900	63 032 1	138./3
Principal Place of Business 27 EAST OCEAN BLVD. STUART, FL 34994 US			Mailing Address 27 EAST OCEAN BLVD. STUART, FL 34994 US			30001173				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01082008	Chg-LLC	CR2E08	3 (12/08)	
City & State			City & State			4. FEI Numb	ED FOR 20 -	6385	o¶ %	plied For Applicable
Zip		Country	Zip	Соыг	itry	<u> </u>	e of Status Desired	<u> </u>	5.00 Add	
	6. Name	and Address of Current R	egistered Agent Name			7. Name and Address of New Registered Agent				
GEARY, CHARLES E ESQ. 27 EAST OCEAN BLVD			-			ress (P.O. Box Number is Not Acceptable)				
STUART, FL 34994						***				
					Crty			FL	Zip Code	,
		y submits this statement for	the purpose of changing its	register	ed office or registe	red agent, or b	oth, in the State of Fi	· -	imiliar with,	and accept
the obligations of registered agent. SIGNATURE Signature, typed or printed name of regulared agent and title if applicable (NOTE, Regularited Agent signature required when reinstance) DATE										
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75								te check pa a Departmo		,
9.		MANAGING MEMBER	S/MANAGERS	10.			ADOITIONS	/CHANGES		
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SIREET ADDRESS CHY-SI-ZIP					EE1 AODRESS (-SI-ZIP					
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.										
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SIGNATURE BY SIGNATURE AND TYPIS OF SHAFED WAS DE SHAFED MANAGON MEMBER, MANAGON OF AUTHORIZED BEPRESENTATIVE Date OF SHAFED PROPERTY.										