


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90026 028 ****50.00

DOCUMENT # L06000112502

1. Entity Name
GISELA E. GOFF, LLC



Principal Place of Business
**160 CONGRESS PARK DRIVE, SUITE 109
 DELRAY BEACH, FL 33445**

Mailing Address
**160 CONGRESS PARK DRIVE, SUITE 109
 DELRAY BEACH, FL 33445**

60041973



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04192007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-8384542** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**FILINGS, INC.
 3732 N.W. 16TH STREET
 FT. LAUDERDALE, FL 33311-4132**

7. Name and Address of New Registered Agent
 Name **GISELA E. GOFF**
 Street Address (P.O. Box Number is Not Acceptable)
1312 SYCAMORE TERRACE
 City **BOCA RATON** **FL** Zip Code **33486**

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 *Gisela E. Goff* (GISELA E. GOFF) DATE 4-20-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

**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	MGRM GOFF, GISELA E 160 CONGRESS PARK DRIVE, SUITE 109 DELRAY BEACH, FL 33445 <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 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 606, Florida Statutes.

SIGNATURE: *Gisela E. Goff* DATE 4-20-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #