

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115869

Entity Name: GOAT HOLDINGS, LLC

FILED
May 03, 2007
Secretary of State

Current Principal Place of Business:

21039 5TH AVE.
CUDJOE KEY, FL 33042

New Principal Place of Business:

Current Mailing Address:

PO BOX 6462
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 74-3196436 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

Name and Address of New Registered Agent:

CHALFANT, WILLIAM
21039 5TH AVE.
CUDJOE KEY, FL 33042 US

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: MGRM () Delete
Name: EILERTSEN, JENANN
Address: 21039 5TH AVE.
City-St-Zip: CUDJOE KEY, FL 33042

Title: MGRM () Delete
Name: MARIN, CLAUDIA
Address: 21039 5TH AVE.
City-St-Zip: CUDJOE KEY, FL 33042

Title: MGRM () Delete
Name: CHALFANT, WILLIAM
Address: 21039 5TH AVE.
City-St-Zip: CUDJOE KEY, FL 33042

ADDITIONS/CHANGES:

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

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: WILLIAM CHALFANT

MGRM

05/03/2007

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