


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90066 003 \*\*\*138.75

<b>DOCUMENT # L07000027815</b> 1. Entity Name <b>GOLDI LOCKS LLC</b>					
Principal Place of Business <b>173 OSPREY LANE SANTA ROSA BEACH FL 32459</b>			Mailing Address <b>1339 EAST RIVER ROAD BAINBRIDGE GA 39817</b>		
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			
6. Name and Address of Current Registered Agent  <b>CRABB KAREN 173 OSPREY LANE SANTA ROSA BEACH FL 32459</b>				7. Name and Address of New Registered Agent  Name <b>KAREN CRABB</b> Street Address (P.O. Box Number is Not Acceptable) <b>173 OSPREY LANE</b> <b>SANTA ROSA BCH</b> City <b>FL</b> Zip Code <b>32459</b>	
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 <u><i>Karen Crabb</i></u> (NOTE: Registered Agent signature required when reinstating) <u>4.23.08</u> DATE					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008, Fee Will Be \$538.75</b> <b>Make Check Payable to Florida Department of State</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM CRABB, KAREN 1339 EAST RIVER ROAD BAINBRIDGE GA 39517</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 Section 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: <u><i>Karen Crabb</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>4.23.08</u> <small>Date</small>		



1st MOORE CR2E083 (10/07)

4. FFI Number **20-8630597** Applied For ☒ Not Applicable

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