

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003072

Entity Name: GOM, LLC

FILED  
Mar 16, 2008  
Secretary of State

**Current Principal Place of Business:**

150 BROADWAY, SUITE 510  
NEW YORK, NY 10038

**New Principal Place of Business:**

**Current Mailing Address:**

150 BROADWAY, SUITE 510  
NEW YORK, NY 10038

**New Mailing Address:**

FEI Number: 22-3762036

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HATCH, JOHN D ESQ.  
1267 BERKSHIRE LANE, SUITE 200  
TARPON, FL 34688 US

**Name and Address of New Registered Agent:**

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: FISCHOFER, JOHN M  
Address: 200 OCEAN AVENUE  
City-St-Zip: MASSAPEQUA PARK, NY 11762

Title: MGRM ( ) Delete  
Name: LARSON, CHRISTOPHER  
Address: 350 EDWARD ST  
City-St-Zip: FAIRFIELD, CT 06824

**ADDITIONS/CHANGES:**

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: JOHN FISCHOFER

MRGM

03/16/2008

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