

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006772

FILED
Jul 07, 2008
Secretary of State

Entity Name: GOLDMAN, EVANS & TRAMMELL LLC

Current Principal Place of Business:

10323 CROSS CREEK BLVD
TAMPA, FL 33647

New Principal Place of Business:

10323 CROSS CREEK BLVD
SUITE G
TAMPA, FL 33647

Current Mailing Address:

10323 CROSS CREEK BLVD
TAMPA, FL 33647

New Mailing Address:

10323 CROSS CREEK BLVD
SUITE G
TAMPA, FL 33647

FEI Number: 20-5693352 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

FUCHS, DOUGLAS
17309 LOCKWOOD RIDGE DRIVE
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

FUCHS, DOUGLAS
17309 LOCKWOOD RIDGE DRIVE
SUITE G
TAMPA, FL 33647 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:

07/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FUCHS, DOUGLAS
Address: 17309 LOCKWOOD RIDGE DRIVE
City-St-Zip: TAMPA, FL 33647

Title: MGR () Delete
Name: FUCHS, RONA
Address: 17309 LOCKWOOD RIDGE DRIVE
City-St-Zip: TAMPA, FL 33647

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: DOUGLAS C FUCHS

PRES

07/07/2008

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