2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# L02000016870

Entity Name: GOOD GROUP, LLC

Current Principal Place of Business:

230 STALLION LANE
SCHWENKSVILLE, PA 19473

New Principal Place of Business:

31 SOUTH MAIN STREET
2B
PHOENIXVILLE, PA 19460

Current Mailing Address:

230 STALLION LANE
SCHWENKSVILLE, PA 19473

New Mailing Address:

31 SOUTH MAIN STREET
2B
PHOENIXVILLE, PA 19460

FEI Number: 30-0128723 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POPSON, JOHN M ESQ.
156 BROOKSIDE COURT
PALM HARBOR, FL 34683 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: MGR ( ) Delete
Name: GOOD, SHANNON
Address: P.O. BOX 86
City-St-Zip: SCHWENKSVILLE, PA 19473

Title: MGRM ( ) Delete
Name: GOOD, BRAD
Address: P.O. BOX 86
City-St-Zip: SCHWENKSVILLE, PA 19473

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GOOD, SHANNON M
Address: 31 SOUTH MAIN STREET, STE. 2B
City-St-Zip: PHOENIXVILLE, PA 19460

Title: MGRM (X) Change ( ) Addition
Name: GOOD, BRADLEY A
Address: 31 SOUTH MAIN STREET, STE. 2B
City-St-Zip: PHOENIXVILLE, PA 19460

I hereby certify that the information supplied with this filing does not qualify for the 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: SHANNON M. GOOD MGR 04/19/2007

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