2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State
03-24-2005 90204 027 ****50.00

DOCUMENT # L04000032106

1. Entity Name
DANIEL E. GOODHUE LLC

Principal Place of Business	Mailing Address
3165 HWY 73 NORTH MARIANNA, FL 32446 US	P.O BOX 210211 ROYAL PALM BEACH, FL 33421 US

01162005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
3043 6th Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MARIANNA, FL	City & State
Zip: 32446 Country: JACKSON	Zip Country

4. FEI Number 04-3791000 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOODHUE, DANIEL E 3165 HWY 73 NORTH MARIANNA, FL 32446	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 DANIEL E. GOODHUE Daniel E Goodhue DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GOODHUE, DANIEL E 3165 HWY 73 NORTH MARIANNA, FL 32446	☐ Delete	MGR GOODHUE, DANIEL E. 3043 6th St. MARIANNA, FL 32446	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM EINARSSON, ANNA-CAJSA M 3165 HWY 73 NORTH MARIANNA, FL 32446	☐ Delete	MGRM EINARSSON, ANNA-CAJSA M 3043 6th St. MARIANNA, FL 32446	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Daniel E Goodhue DANIEL E GOODHUE 3/17/05 561-632-5905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #