

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90141 034 \*\*\*\*50.00

DOCUMENT # L00000006314

1. Entity Name  
GOODWIN PROPERTIES, LLC



Principal Place of Business  
446 FAWN TRAIL  
TITUSVILLE, FL 32780

Mailing Address  
446 FAWN TRAIL  
TITUSVILLE, FL 32780



2. Principal Place of Business  
910 JUNG DRIVE  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 1268  
Suite, Apt. #, etc.

07132004 Chg-LLC CR2E083 (10/03)

City & State  
PUNTA GORDA FLA  
Zip 33950 Country U.S.A.

City & State  
GREENVILLE MAINE  
Zip 04441 Country U.S.A.

4. FEI Number  
02-0511992  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GOODWIN, JOHN M  
446 FAWN TRAIL  
TITUSVILLE, FL 32780

7. Name and Address of New Registered Agent

Name JOHN M. GOODWIN  
Street Address (P.O. Box Number is Not Acceptable)  
910 JUNG DRIVE  
City PUNTA GORDA FL Zip Code 33950

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

*John M. Goodwin*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by September 8, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME MGRM  
STREET ADDRESS GOODWIN, JOHN M  
CITY-ST-ZIP 446 FAWN TRAIL  
TITUSVILLE, FL 32780 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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:

*John M. Goodwin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7-12-04

20769503

Date

Daytime Phone #