

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90086 048 ****50.00

DOCUMENT # L00000006314

1. Entity Name
GOODWIN PROPERTIES, LLC



Principal Place of Business
**910 JUNO DR
PUNTA GORDA, FL 33950**

Mailing Address
**910 JUNO DR
PUNTA GORDA, FL 33950**



01162005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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
910 JUNO DR
PUNTA GORDA, FL 33950**

**DO NOT WRITE
IN THIS SPACE**

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, the registered agent.

SIGNATURE *John M. Goodwin* **DIRECTOR John M. Goodwin**

1-19-05
DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**NEW ADDRESS
910 JUNO DRIVE
PUNTA GORDA, FL
33950**

**Could NOT change
BECAUSE @BMPUTER
SAID WEB SITE NOT
AVAILABLE**

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 **John M. Goodwin**

Date

Daytime Phone #

941 637 6231