

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000013390

1. Entity Name  
ALL GOOD THINGS LLC



Principal Place of Business  
1026 S. FLORIDA AVENUE, SUITE B  
LAKELAND, FL 33803

Mailing Address  
1026 S. FLORIDA AVENUE, SUITE B  
LAKELAND, FL 33803



04142005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3677889

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**8. Name and Address of Current Registered Agent**

GRIFFITH, JOHN R  
101 SOUTH FLORIDA AVENUE  
HAHN, MCCLURG, WATSON, GRIFFITH & BUSH  
LAKELAND, FL 33802

**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 registered agent.

SIGNATURE

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 May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
DAUGHTREY, ELIZABETH B  
1421 SEVILLE PLACE  
LAKELAND, FL 33803

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
MORGAN, ADELE  
306 KENWITH RD  
LAKELAND, FL 33803

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U000000315445  
04/19/05-80035-006 55.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Adele M. Morgan*

4/13/05

863.802.3766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

or 863.602.1171