

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015886

FILED
Jan 08, 2007
Secretary of State

Entity Name: GOODLETTE PINE RIDGE, LLC

Current Principal Place of Business:

2600 GOLDEN GATE PKWY.
NAPLES, FL 34105

New Principal Place of Business:

Current Mailing Address:

5650 GREENWOOD PLAZA BLVD
SUITE 143
GREENWOOD VILLAGE, CO 80111

New Mailing Address:

FEI Number: 59-3690818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOAZ, BRADLEY A
2600 GOLDEN GATE PKWY.
NAPLES, FL 34105 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: MGRM () Delete
Name: BARRON COLLIER PARTN, ERSHIP
Address: 2600 GOLDEN GATE PKWY.
City-St-Zip: NAPLES, FL 34105

Title: MGRM () Delete
Name: MINIBROOK LLP,
Address: 5650 GREENWOOD PLAZA BLVD., STE. 143
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: MGRM () Delete
Name: BUGAR LLP,
Address: 5650 GREENWOOD PLAZA BLVD., STE. 143
City-St-Zip: GREENWOOD VILLAGE, CO 80111

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BARRY BENDER

MEMB

01/08/2007

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