2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000015886

1. Entity Name
GOODLETTE PINE RIDGE, LLC

Principal Place of Business	Mailing Address
2600 GOLDEN GATE PKWY. NAPLES, FL 34105	5650 GREENWOOD PLAZA BLVD SUITE 143 GREENWOOD VILLAGE, CO 80111

DO NOT WRITE IN THIS SPACE

03192008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
59-3690818

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOAZ, BRADLEY A
2600 GOLDEN GATE PKWY.
NAPLES, FL 34105

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000914202
05/08/08-80047-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BARRON COLLIER PARTNERSHIP
STREET ADDRESS	2600 GOLDEN GATE PKWY.
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	MGRM
NAME	MINIBROOK LLP
STREET ADDRESS	5650 GREENWOOD PLAZA BLVD., STE. 143
CITY-ST-ZIP	GREENWOOD VILLAGE, CO 80111
TITLE	MGRM
NAME	BUGAR LLP
STREET ADDRESS	5650 GREENWOOD PLAZA BLVD., STE. 143
CITY-ST-ZIP	GREENWOOD VILLAGE, CO 80111
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Barry Bugar 3/19/08 303 290 9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #