2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006919

Entity Name: GOOD LIVING PROPERTIES, L.L.C.

FILED Apr 17, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

500 N OSCEOLA AVE 1465 S. FT. HARRISON AVENUE

PH-E SUITE 103

CLEARWATER, FL 33755 CLEARWATER, FL 33756

Current Mailing Address: New Mailing Address:

500 N OSCEOLA AVE 1465 S. FT. HARRISON AVENUE

PH-E SUITE 103

CLEARWATER, FL 33755 CLEARWATER, FL 33756

FEI Number: 59-3711604 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ANDRUS, BRIAN L
500 N OSCEOLA AVE, PH-E
CLEADWATER EL 33755 LIS
ANDRUS, BRIAN L
1465 S. FT. HARRISON AVENUE
SUITE 103

CLEARWATER, FL 33755 US SUITE 103
CLEARWATER, FL 33756 US

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: BRIAN ANDRUS 04/17/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name:ANDRUS, BRIAN LName:ANDRUS, BRIAN LAddress:500 N OSCEOLA AVE, PH-EAddress:1465 S. FT. HARRISON AVENUE

Address: 500 N OSCEOLA AVE, PH-E Address: 1465 S. FT. HARRISON AV City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: CLEARWATER, FL 33756

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: BRIAN ANDRUS MGRM 04/17/2007