

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006919

FILED  
Jan 06, 2011  
Secretary of State

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

**Current Principal Place of Business:**

1465 S. FT. HARRISON AVENUE  
SUITE 103  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

1465 S. FT. HARRISON AVENUE  
SUITE 103  
CLEARWATER, FL 33756

**New Mailing Address:**

**FEI Number:** 59-3711604

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDRUS, BRIAN L  
1465 S. FT. HARRISON AVENUE  
SUITE 103  
CLEARWATER, FL 33756 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  
Name: ANDRUS, BRIAN L  
Address: 1465 S. FT. HARRISON AVENUE, STE 103  
City-St-Zip: CLEARWATER, FL 33756

Title: MGRM  
Name: ANDRUS, DONNA  
Address: 1465 S. FT. HARRISON AVENUE, STE 103  
City-St-Zip: CLEARWATER, FL 33756

I hereby 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

MR

01/06/2011

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