

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000018814**

1. Entity Name  
**GOODLETTE PROFESSIONAL CENTER, LLC**



Principal Place of Business  
**680 GOODLETTE ROAD NORTH  
NAPLES, FL 34102**

Mailing Address  
**C/O COLONIAL SQUARE REALTY  
P.O. BOX 10608  
NAPLES, FL 34101**



04052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**03-0400036**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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

**KETCHUM, SCOTT M ESQUIRE  
692 GOODLETTE ROAD  
NAPLES, FL 34102**

**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, 2006**

U00000515313  
04/29/06-80206-003 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	PAFF, JOHN B
STREET ADDRESS	4951 GULF SHORE BLVD N, #1404
CITY-ST-ZIP	NAPLES, FL 341032692
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 605, Florida Statutes.

**SIGNATURE:**

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

Date

Daytime Phone #