2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019811

Name:

Address:

City-St-Zip:

GOODMAN, CAROLYN

401 CENTER POINTE CIR #1527

ALTAMONTE SPRINGS, FL 32701

Entity Name: GOODMAN & GOODMAN, ATTORNEYS AT LAW, LLC

FILED Aug 10, 2005 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 401 CENTER POINTE CIR #1527 ALTAMONTE SPRINGS, FL 32701 **Current Mailing Address: New Mailing Address:** 401 CENTER POINTE CIR #1527 ALTAMONTE SPRINGS, FL 32701 FEI Number: 59-3758641 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HORNE, PAULA HORNE, PAULA 393 CENTER POINTE CIR. 940 CENTRE CIRCLE #1461 #3002 ALTAMONTE SPRINGS, FL 32701 US ALTAMONTE SPRINGS, FL 32714 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: 08/10/2005 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete GOODMAN, RAYMOND L Name: Name: Address: 401 CENTER POINTE CIR #1527 Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

Name:

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I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CAROLYN GOODMAN MGRN 08/10/2005