

2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

FILED  
Mar 14, 2005 08:00 AM  
Secretary of State

DOCUMENT # L02000013143

1. Entity Name  
GOODLETTE PLAZA, L.L.C.



Principal Place of Business  
1025 FIFTH AVENUE NORTH  
NAPLES, FL 34102

Mailing Address  
1025 FIFTH AVENUE NORTH  
NAPLES, FL 34102



02232005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
03-0466041

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BAVIELLO, MICHAEL A JR  
1025 FIFTH AVENUE NORTH  
NAPLES, FL 34102

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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, 2005

U000000263382  
03/14/05 80093 001 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BAVIELLO, MICHAEL A  
1025 FIFTH AVENUE NORTH  
NAPLES, FL 34102

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

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

Date

Daytime Phone #

3/11/2005 237-438-0444