FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 15 AM 9:21

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L02000013143

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

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

11152006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
518 Eleventh Street North	518 Eleventh Street North
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, Florida	City & State: Naples, Florida
Zip: 34102 Country: USA	Zip: 34102 Country: USA

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

7. Name and Address of New Registered Agent

Name: Henry Cherrelus
Street Address (P.O. Box Number is Not Acceptable): 213 Airport Road South
City: Naples FL Zip Code: 34104

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] 11/28/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BAVIELLO, MICHAEL A 1025 FIFTH AVENUE NORTH NAPLES, FL 34102 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200082584262 12/18/06--01007--001 **50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Joseph, Luckner 518 Eleventh Street North Naples, Florida 34102 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 608, Florida Statutes.

SIGNATURE: [signature] 11-28-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #