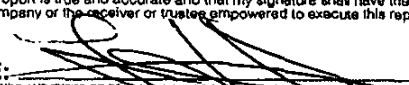


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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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 1025 FIFTH AVENUE NORTH NAPLES, FL 34102			Mailing Address 1025 FIFTH AVENUE NORTH NAPLES, FL 34102		
2. Principal Place of Business 518 Eleventh Street North		3. Mailing Address 518 Eleventh Street North			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Naples, Florida		City & State Naples, Florida		11152008 Chg-LLC CR2E083 (11/05)	
Zip 34102		Country USA		4. FEI Number 03-0466041	
5. Certificate of Status Desired ☐		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		
6. 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  DATE 11/28/06 (Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when retaking))					
Amended AR is \$50.00					
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	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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  DATE 11-28-06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					