## 2004 LIMITED LIABILARY COMPANY ANNUAL REPORT

## Secretary of State 05-05-2004 90011 016 \*\*\*\*50.00 **DOCUMENT # L02000027163** GOODWILL COMMUNITY SERVICES LLC Principal Place of Business Mailing Address .44043135 2220 N CYPRESS BEND DRIVE, 107 2220 N CYPRESS BEND DRIVE, 107 POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069 02022004 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MUH GAAL DO NOT WRITE 2220 N CYPRESS BEND DRIVE, #107 POMPANO BEACH, FL 33069 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 poligations of registered agent. DATE 3-prairie: types to printed name of registered agent and line if applicable (NOTE: Recigiared Agent signature required when renalating) Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. MGRD 239.0 GADAH, SUMIT NAMÉ 2220 N. CYPRESS BEND DRIVE, #107 STREET 400RESS car grape POMPANO BEACH, FL 33069 THE History STREET ADDRESS 007557520 tite( MARK STREET ADDRESS DO NOT WRITE 917 - ST-74F IN THIS SPACE 141.5 1441,0 STREET ADDRESS CITY-ST-ZIF 1171.5 WIN STREET ADDRESS Q15 - S1 - 3P mu 44449STREET ADDRESS 2477-31-716 11. Thereby certify that the information supplied with this filling does not qualify 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 finally signature shall have the same legal effected if made under oath; that I am a managing member or manager of the imited 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 HAVE OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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