

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005533

FILED  
Jan 05, 2006  
Secretary of State

**Entity Name:** GOOD FAITH REAL ESTATE SERVICES, L.L.C.

**Current Principal Place of Business:**

3407 E OSCEOLA RD  
GENEVA, FL 32732

**New Principal Place of Business:**

**Current Mailing Address:**

3407 E OSCEOLA RD  
GENEVA, FL 32732

**New Mailing Address:**

**FEI Number:** 90-0063089

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHULMAN, BETH  
395 SANFORD AVE  
LONGWOOD, FL 32750 US

**Name and Address of New Registered Agent:**

SCHULMAN, BETH-ANN  
921 POWHATAN DRIVE  
SANFORD, FL 32771 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: BETH-ANN SCHULMAN

01/05/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ZUCCHI, TERRI A  
Address: 3407 E. OSCEOLA RD  
City-St-Zip: GENEVA, FL 32732

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MMGR (X) Change ( ) Addition  
Name: ZUCCHI, TERRI A  
Address: 3407 E. OSCEOLA RD  
City-St-Zip: GENEVA, FL 32732

Title: MGR ( ) Change (X) Addition  
Name: SCHULMAN, BETH ANN  
Address: 921 POWHATAN DRIVE  
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: TERRI A ZUCCHI

MMGR

01/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date