

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000013660 1. Entity Name THE GOOD GROUP, LLC						2008 SEP 17 AM 11:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 1000 N. ORLANDO AVENUE SUITE A WINTER PARK, FL 32789				Mailing Address 1000 N. ORLANDO AVENUE SUITE A WINTER PARK, FL 32789			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				4. FEI Number 55-0828206			
City & State Zip Country				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent GOOD, ROBERT H II 1000 N. ORLANDO AVENUE SUITE A WINTER PARK, FL 32789				7. Name and Address of New Registered Agent Name DAVID A. BAZZY Street Address (P.O. Box Number is Not Acceptable) 1000 N. ORLANDO AVE. SUITE A City WINTER PARK FL 32789			
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 <u>DAVID A. BAZZY CFO</u> DATE 9-9-08 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating))</small>							
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 GOOD, ROBERT H II 1000 N. ORLANDO AVE., SUITE A WINTER PARK, FL 32789			TITLE NAME STREET ADDRESS CITY-ST-ZIP	800136163498 09/19/08--01053--007 **\$50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREEN, HERBERT L 1000 N. ORLANDO AVE., SUITE A WINTER PARK, FL 32789			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		

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: **DAVID A. BAZZY** DATE **9/9/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE