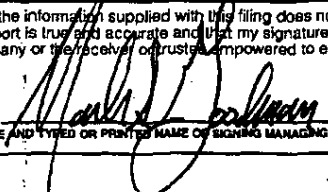


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/20/04

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-20-2004 90055 017 ****50.00

DOCUMENT # L03000039189 1. Entity Name GOODMAN FAMILY LLC			
Principal Place of Business 5150 N. TAMiami TRAIL, STE. 300 NAPLES, FL 34103		Mailing Address 5150 N. TAMiami TRAIL, STE. 300 NAPLES, FL 34103	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip	
4. FEI Number 51-0485628		Applied For Not Applicable	
5. Certificate of Status Desired: ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GOODMAN, MARK S 5150 N. TAMiami TRAIL, STE. 300 NAPLES, FL 34103		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
B. 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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning))	
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
8. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOODMAN, MARK S 5150 N. TAMiami TRAIL, STE. 300 NAPLES, FL 34103	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
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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 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 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: 7/12/04 Time: 2:39-263-8100	

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