

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

05-04-2005 90045 034 ****50.00

DOCUMENT # L04000026921 1. Entity Name DUSTIN F. GOODMAN LLC																					
Principal Place of Business 5150 NORTH TAMiami TRAIL, SUITE 300 NAPLES, FL 34103			Mailing Address 5150 NORTH TAMiami TRAIL, SUITE 300 NAPLES, FL 34103																		
2. Principal Place of Business 2425 N. Tamiami Trail Suite, Apt. #, etc. Suite 211 City & State Naples, FL Zip 34103		3. Mailing Address 2425 N. Tamiami Trail Suite, Apt. #, etc. Suite 211 City & State Naples, FL Zip 34103		4. FEI Number 20-2916436 Applied For ☒ Not Applicable																	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		04282005 Chg-LLC GR2E083 (10/03)																			
6. Name and Address of Current Registered Agent GOODMAN, DUSTIN F 5150 NORTH TAMiami TRAIL, SUITE 300 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name Mark S. Goodman Street Address (P.O. Box Number is Not Acceptable) 2425 N. Tamiami Trail, Suite 211 City Naples FL Zip Code 34103																		
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><i>Dustin F. Goodman</i></u> Signature, typed or printed name of registered agent and title if applicable. <u>5/6/05</u> (NOTE: Registered Agent signature required when reappointing) <u>5/12/05</u> DATE																					
Filing Fee is \$60.00 Due by May 1, 2005		Make check payable to Florida Department of State																			
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Delete ☐</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE	Delete ☐	NAME		STREET ADDRESS		CITY - ST - ZIP		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">MGRM ☐ Change ☒ Addition</td> </tr> <tr> <td>NAME</td> <td>Dustin Goodman</td> </tr> <tr> <td>STREET ADDRESS</td> <td>2425 N. Tamiami Trail, Suite 211</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Naples, FL 34103</td> </tr> </table>			TITLE	MGRM ☐ Change ☒ Addition	NAME	Dustin Goodman	STREET ADDRESS	2425 N. Tamiami Trail, Suite 211	CITY - ST - ZIP	Naples, FL 34103
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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: <u><i>Dustin F. Goodman</i></u> <u>5/12/05</u> <u>239-948-4181</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																					
DUSTIN F. GOODMAN																					

30009880

