

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028312

Entity Name: GODKIN DEVELOPMENTS, LLC

FILED
Feb 07, 2006
Secretary of State

Current Principal Place of Business:

303 NORTH VILLAGE STREET
CELEBRATION, FL 34747 US

New Principal Place of Business:

309 E HARWOOD ST
ORLANDO, FL 32801 US

Current Mailing Address:

303 NORTH VILLAGE STREET
CELEBRATION, FL 34747 US

New Mailing Address:

309 E HARWOOD ST
ORLANDO, FL 32801 US

FEI Number: 26-0083770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAGONER, LIZETTE
1033 BANK ROSE STREET
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

WAGONER, LIZETTE
1101 BANKS ROSE CT
CELEBRATION, FL 34747 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:

02/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GODKIN, CHRISTOPHER B
Address: 303 NORTH VILLAGE STREET
City-St-Zip: CELEBRATION, FL 34747 US

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GODKIN, CHRISTOPHER B
Address: 309 E HARWOOD ST
City-St-Zip: ORLANDO, FL 32801 US

Title: MGRM () Change (X) Addition
Name: GODKIN, ALLISON
Address: 309 E HARWOOD ST
City-St-Zip: ORLANDO, FL 32801 US

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: CHRISTOPHER GODKIN

MGRM

02/07/2006

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