# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 24, 2005 8:00 am**
**Secretary of State**
03-24-2005 90204 027 ****50.00

DOCUMENT # L04000032106

1. Entity Name
DANIEL E. GOODHUE LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 3165 HWY 73 NORTH<br>MARIANNA, FL 32446 US | P.O BOX 210211<br>ROYAL PALM BEACH, FL 33421 US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3043 6th Street | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: MARIANNA, FL | City & State |
| Zip: 32446 Country: JACKSON | Zip / Country |

01162005 Chg-LLC CR2E083 (10/03)

4. FEI Number: 04-3791000 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| GOODHUE, DANIEL E<br>3165 HWY 73 NORTH<br>MARIANNA, FL 32446 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

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: DANIEL E. GOODHUE — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $50.00**
**Due by May 1, 2005**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|
| TITLE | MGR ☐ Delete | TITLE | MGR ☒ Change ☐ Addition |
| NAME | GOODHUE, DANIEL E | NAME | GOODHUE, DANIEL E. |
| STREET ADDRESS | 3165 HWY 73 NORTH | STREET ADDRESS | 3043 6th St. |
| CITY-ST-ZIP | MARIANNA, FL 32446 | CITY-ST-ZIP | MARIANNA, FL 32446 |
| TITLE | MGRM ☐ Delete | TITLE | MGRM ☒ Change ☐ Addition |
| NAME | EINARSSON, ANNA-CAJSA M | NAME | EINARSSON, ANNA-CAJSA M |
| STREET ADDRESS | 3165 HWY 73 NORTH | STREET ADDRESS | 3043 6th St. |
| CITY-ST-ZIP | MARIANNA, FL 32446 | CITY-ST-ZIP | MARIANNA, FL 32446 |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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:** DANIEL E GOODHUE — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date 3/17/05 — Daytime Phone # 561-632-5905