

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036216

FILED  
Mar 21, 2005  
Secretary of State

Entity Name: GOOD MOOD PROPERTIES, LLC

**Current Principal Place of Business:**

24 ALCOLON COVE  
DESTIN, FL 32550

**New Principal Place of Business:**

**Current Mailing Address:**

24 ALCOLON COVE  
DESTIN, FL 32550

**New Mailing Address:**

FEI Number: 80-0107740

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KIRKLEY, ANDREW  
24 ALCOLON COVE  
DESTIN, FL 32550 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: LAUBENTHAL, JOHN  
Address: 5805 NORTH LAGOON DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: MGRM ( ) Delete  
Name: KIRKLEY, ANDREW  
Address: 24 ALCOLON COVE  
City-St-Zip: DESTIN, FL 32550

Title: MGRM ( ) Delete  
Name: KIRKLEY, HELENE  
Address: 24 ALCOLON COVE  
City-St-Zip: DESTIN, FL 32550

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANDREW KIRKLEY

MGRM

03/21/2005

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