2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State
05-02-2007 90356 030 ****50.00

DOCUMENT # L04000038117

1. Entity Name
GOOD PROPERTIES, LLC

Principal Place of Business
11660 SPOONBILL LANE
FORT MYERS, FL 33913

Mailing Address
11660 SPOONBILL LANE
FORT MYERS, FL 33913

DO NOT WRITE IN THIS SPACE

04242007 No Chg-LLC CR2E083 (11/06)

4. FEI Number
20-1145574

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GOOD, RONALD L
11660 SPOONBILL LANE
FORT MYERS, FL 33913

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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 ______________________________

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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GOOD, RONALD L
STREET ADDRESS	11660 SPOONBILL LANE
CITY-ST-ZIP	FORT MYERS, FL 33913
TITLE	MGRM
NAME	GOOD, LINDA W
STREET ADDRESS	11660 SPOONBILL LANE
CITY-ST-ZIP	FORT MYERS, FL 33913
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Ronald L Good Ronald L. Good 4/26/07 239 466-7577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #