2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2006
Secretary of State

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Entity Name: THE GOOD MEDICINE TIN ® COMPANY LLC

Current Principal Place of Business:

764 12TH AVE. SOUTH
NAPLES, FL 34102

New Principal Place of Business:

764 12TH AVE. SOUTH
NAPLES, FL 34102 US

Current Mailing Address:

P.O. BOX 1108
NAPLES, FL 34106

New Mailing Address:

P.O. BOX 1108
NAPLES, FL 34106 US

FEI Number: 30-0257672 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWMAN, CANDACE J
5964 PELICAN BAY BLVD. #422
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

NEWMAN, CANDACE J
171 COCOHATCHEE STREET
NAPLES, FL 34110 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: CANDACE J. NEWMAN 01/08/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CANDACE, NEWMAN J
Address: P.O. BOX 1108
City-St-Zip: NAPLES, FL 34106

Title: MGR ( ) Delete
Name: NEWMAN, JOHN A
Address: P.O. BOX 1108
City-St-Zip: NAPLES, FL 34106

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CANDACE, NEWMAN J
Address: P.O. BOX 1108
City-St-Zip: NAPLES, FL 34106 US

Title: MGR (X) Change ( ) Addition
Name: NEWMAN, JOHN A
Address: P.O. BOX 1108
City-St-Zip: NAPLES, FL 34106 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: CANDACE J. NEWMAN MGR 01/08/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date