

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90176 008 \*\*\*\*55.00

**DOCUMENT # L04000054480**

1. Entity Name  
GOODCORNER, LLC



Principal Place of Business  
C/O CHARLES J. GOLDMAN  
804 OCEAN DRIVE, 2ND FLOOR  
MIAMI BEACH, FL 33139

Mailing Address  
C/O CHARLES J. GOLDMAN  
804 OCEAN DRIVE, 2ND FLOOR  
MIAMI BEACH, FL 33139



01162006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1372282

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEVINSON, EDWARD E ESQ.  
407 LINCOLN ROAD, PH-SE  
MIAMI BEACH, FL 33139

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IN THIS SPACE**

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GOLDMAN, CHARLES J
STREET ADDRESS	804 OCEAN DRIVE, 2ND FLOOR
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	MGRM
NAME	GOLDMAN, ANTHONY R
STREET ADDRESS	804 OCEAN DR 2ND FLOOR
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #