

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056413

FILED
Apr 27, 2009
Secretary of State

Entity Name: GOOD WAY PROPERTIES LLC

Current Principal Place of Business:

6555 NW 36TH ST #318
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

6555 NW 36TH ST #318
MIAMI, FL 33166

New Mailing Address:

FEI Number: 34-2007863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOCKHART, JOSE V
10861 NW 48TH LANE
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

LOCKHART, JOSE V
6555 NW 36TH STREET
318
MIAMI, FL 33178 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:

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LOCKHART, JOSE V
Address: 10861 NW 48TH LANE
City-St-Zip: MIAMI, FL 33178

Title: MGRM () Delete
Name: LOCKHART, JOSEPH A
Address: 17 BAILEY RD #2
City-St-Zip: WATERTOWN, MA 02472

Title: MGRM () Delete
Name: GUERRERO, ATALMIR
Address: PO BOX 670206
City-St-Zip: FLUSHING, NY 11367

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LOCKHART, JOSE V
Address: 6555 NW 36TH STREET #318
City-St-Zip: MIAMI, FL 33178

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 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: JOSE V. LOCKHART

MGR

04/27/2009

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