


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90021 013 ****55.00

DOCUMENT # L04000061843

1. Entity Name
ANTHONY D GOOD LLC



Principal Place of Business
**P.O. BOX 54
 CRAWFORDVILLE, FL 32327**

Mailing Address
**P.O. BOX 54
 CRAWFORDVILLE, FL 32327**

Z0016663

2. Principal Place of Business
PO BOX 54

3. Mailing Address
PO BOX 54

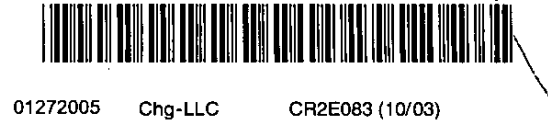
Suite, Apt. #, etc.

City & State
CRAWFORDVILLE, FL

City & State
CRAWFORDVILLE, FL

Zip Country
32326 USA

Zip Country
32326 USA



4. FEI Number
377-88-9638

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GOOD, ANTHONY D
 89 EAGLE DRIVE
 CRAWFORDVILLE, FL 32327**

7. Name and Address of New Registered Agent

Name
ANTHONY D GOOD

Street Address (P.O. Box Number is Not Acceptable)
51 LISA DR

City
CRAWFORDVILLE, FL

Zip Code
32327

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOOD, ANTHONY D P.O. BOX 54 CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CRAWFORDVILLE, FL 32326	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:  **Date:** 2-15-05 **Daytime Phone #:** 210-7274

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