


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90316 005 ****50.00

DOCUMENT # L04000061843

1. Entity Name
ANTHONY D GOOD LLC



Principal Place of Business
**P.O. BOX 54
 CRAWFORDVILLE, FL 32326**

Mailing Address
**P.O. BOX 54
 CRAWFORDVILLE, FL 32326**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number
37-7889638

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
 51 LISA 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)
100 Mill Creek Rd

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

Make check payable to
Florida Department of State

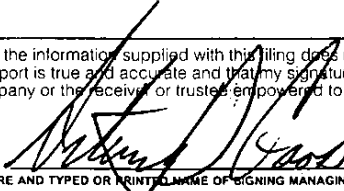
9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	GOOD, ANTHONY D	P.O. BOX 54	CRAWFORDVILLE, FL 32326	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #