


**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

[illegible]

<b>DOCUMENT # L04000071246</b>				03-28-2005 90288 029 ****50.00	
1. Entity Name GODDESS PROPERTY PARTNERSHIPS, LLC					
Principal Place of Business 320 POLK STREET HOLLYWOOD, FL 33019		Mailing Address 320 POLK STREET HOLLYWOOD, FL 33019			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
MATHIS-LAUGHEAD, MARY K 320 POLK STREET HOLLYWOOD, FL 33019		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 <i>Simone Shaughnessy</i>		DATE <i>3-21-05</i>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
MGRM MATHIS-LAUGHEAD, MARY K 320 POLK STREET HOLLYWOOD, FL 33019		Change Addition			
MGRM SHAUGHNESSY, SIMONE D 320 POLK STREET HOLLYWOOD, FL 33019		Change Addition			
Delete		Change Addition			
Delete		Change Addition			
Delete		Change Addition			
Delete		Change Addition			
Delete		Change 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: <i>Simone Shaughnessy</i>		DATE <i>3.21.05</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			