2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 28, 2005 8:00 am Secretary of State 03-28-2005 90288 029 ****50.00

DOCUMENT # L0400071246 1. Entity Name GODDESS PROPERTY PARTNERSHIPS, LLC					03-28-2003 \$	90288 029 **	30.	00
Principal Place 320 POLK ST HOLLYWOOD	TREET	Mailing Address 320 POLK STREET HOLLYWOOD, FL 33019		1 7.6 T				
2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03112005 Chg-LLC	CR2E083 (10/03)		
City & State		City & State			4. FEI Number 6 90 71	4		plied For Applicable
Zip	Country	Zip Coun		у	5. Certificate of Status Desired		00 Addi Required	
	6. Name and Address of Current	egistered Agent Name		Name	7. Name and Address of New Registered Agent			
320 POLK	AUGHEAD, MARY K STREET OOD, FL 33019	Street Address		Street Address (I	(P.O. Box Number is Not Acceptable)			
		City		City		FL 1	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 Signature, typed or printed name of registered agent and title if applicable. (NOT5 Registered Agent signature required when reinstating) DATE								
D:	iling Fee is \$50.00 ue by May 1, 2005				Florida	check payal Department	ble to ধ	
9. TITLE	. MANAGING MEMBE	RS/MANAGERS Delete	10.	T	ADDITIONS/		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	MATHIS-LAUGHEAD, MARY K 320 POLK STREET HOLLWYOOD, FL 33019		NAME STREET CITY - S	T ADDRESS ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAUGHNESSY, SIMONE D 320 POLK STREET HOLLYWOOD, FL 33019	☐ Detete	TITLE NAME STREET CITY-S	r aduress St-zip		,	Change .	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	3 ADDRESS ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_ ☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			Change .	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS			Change	Addilion
TITLE ** NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			Change	Addition
11. I hereby cartify 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: Show Show of holor 3 21.05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGUNG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Despire Prone #								