

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083265

FILED  
Mar 28, 2007  
Secretary of State

Entity Name: HELLBENT FOR GOOD TIMES, LLC

**Current Principal Place of Business:**

1000 UNIVERSAL PLAZA, BLDG. 22A  
ORLANDO, FL 32819

**New Principal Place of Business:**

50 ALEXANDER HERITAGE DRIVE  
HICKORY, NC 28601

**Current Mailing Address:**

1000 UNIVERSAL PLAZA, BLDG. 22A  
ORLANDO, FL 32819

**New Mailing Address:**

PO BOX 5325  
HICKORY, NC 28603

FEI Number: 20-3896213

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILLER, SOUTH, MILHAUSEN & CARR, P.A.  
C/O JEFFREY P. MILHAUSEN, ESQ.  
1000 LEGION PLACE SUITE 1200  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

BEST, DOROTHY C  
50 ALEXANDER HERITAGE DRIVE  
HICKORY, NC, FL 28601 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: DOROTHY C BEST

03/28/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BEST, DOROTHY C  
Address: 1000 UNIVERSAL PLAZA, BLDG. 22A  
City-St-Zip: ORLANDO, FL 32819

Title: MGR ( ) Delete  
Name: BEST, JAMES K  
Address: 1000 UNIVERSAL PLAZA, BLDG. 22A  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BEST, DOROTHY C  
Address: 50 ALEXANDER HERITAGE DRIVE  
City-St-Zip: HICKORY, NC 28601

Title: MGR (X) Change ( ) Addition  
Name: BEST, JAMES K  
Address: 50 ALEXANDER HERITAGE DRIVE  
City-St-Zip: HICKORY, NC 28601

I hereby certify that the information supplied with this filing does not qualify for the 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: DOROTHY C BEST

MGM

03/28/2007

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