

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000009185

**FILED**  
**May 02, 2007**  
**Secretary of State**

**Entity Name:** GOODFELLOWS OF LAKE COUNTY, LLC

**Current Principal Place of Business:**

12503 CLYDESDALE COURT  
TAMPA, FL 33626

**New Principal Place of Business:**

106 WOODBURN COURT  
SAFETY HARBOR, FL 34695

**Current Mailing Address:**

P.O. BOX 1829  
OLDSMAR, FL 34677

**New Mailing Address:**

106 WOODBURN COURT  
SAFETY HARBOR, FL 34695

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SHEAR, ROBERT L  
2650 MCCORMICK DRIVE, SUITE 130  
CLEARWATER, FL 33759 US

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

O'CONNOR, PAT  
1250 S. BELCHER ROAD  
SUITE 160  
LARGO, FL 33771 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: PAT O'CONNOR

05/02/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HILL, RICHARD D  
Address: 12503 CLYDESDALE COURT  
City-St-Zip: TAMPA, FL 33626

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MOYER, CLARENCE E  
Address: 106 WOODBURN COURT  
City-St-Zip: SAFETY HARBOR, FL 34695

I hereby certify that the information supplied with this filing does not qualify 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: CLARENCE E. MOYER

MGRM

05/02/2007

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