2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# L05000021735

Entity Name: GOOD BDW RE I LLC

Current Principal Place of Business:

731 VIA LOMBARDY
WINTER PARK, FL 32789

New Principal Place of Business:

174 W COMSTOCK AVE
SUITE 100
WINTER PARK, FL 32789

Current Mailing Address:

731 VIA LOMBARDY
WINTER PARK, FL 32789

New Mailing Address:

174 W COMSTOCK AVE
SUITE 100
WINTER PARK, FL 32789

FEI Number: 20-2428896 **FEI Number Applied For ( )** **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:

WEST, BRADFORD D
731 VIA LOMBARDY
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

GOOD CAPITAL GROUP, INC.
174 W COMSTOCK AVE
SUITE 100
WINTER PARK, FL 32789 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: M. CARSON GOOD 05/01/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GOOD CAPITAL GROUP I, NC
Address: 174 W COMSTOCK AVE, SUITE 114
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GOOD CAPITAL GROUP I, NC
Address: 174 W COMSTOCK AVE, SUITE 100
City-St-Zip: WINTER PARK, FL 32789

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: M. CARSON GOOD PD 05/01/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date