


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90178 025 ****50.00

DOCUMENT # L05000029918

1. Entity Name
GOOD EARTH, LLC



Principal Place of Business
**101 TIMBERLACHEN CIRCLE
 SUITE 202
 LAKE MARY, FL 32746**

Mailing Address
**PO BOX 952259
 LAKE MARY, FL 32795**

2. Principal Place of Business - No P.O. Box #
~~22144 SR46~~ **22144 SR46**

3. Mailing Address
~~22144 SR46~~ **22144 SR46**

Suite, Apt. #, etc.
To Champion Group of Companies

City & State
Sorrento, FL

City & State
Sorrento, FL

Zip
32776

Country
USA

6. Name and Address of Current Registered Agent

**TREE FROG, LLC
 101 TIMBERLACHEN CIRCLE
 SUITE 202
 LAKE MARY, FL 32746**



01092007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2561782

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent

Name **Good Earth Management LLC**

Street Address (P.O. Box Number is Not Acceptable)
101 Timberlachen Ck Ste 202

City **Lk Mary** State **FL** Zip Code **32746**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2007**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TREE FROG, LLC PO BOX 952259 LAKE MARY, FL 32795	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Good Earth management LLC 22144 SR46 Sorrento, FL 32776	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ **Benjamin L. Champion, MGR** Date **4-30-07** Daytime Phone # **407330-2120**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE