

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90041 024 \*\*\*138.75

**DOCUMENT # L05000057289**

1. Entity Name  
**GOOD BDW CANOE CREEK VENTURES LLC**



Principal Place of Business	Mailing Address
<b>174 WEST COMSTOCK AVE</b>	<b>174 WEST COMSTOCK AVE</b>
<b>114</b>	<b>114</b>
<b>WINTER PARK, FL 32789</b>	<b>WINTER PARK, FL 32789</b>

**60039327**



2. Principal Place of Business - No P.O. Box # <b>222 W. Comstock Ave.</b>	3. Mailing Address <b>174 W. Comstock Ave.</b>
Suite, Apt. #, etc. <b>Suite 208</b>	Suite, Apt. #, etc. <b>Suite 100</b>

01292008 Chg-LLC CR2E083 (12/06)

City & State <b>Winter Park, Florida</b>	City & State <b>Winter Park, Florida</b>
Zip <b>32789</b>	Country <b>USA</b>

4. FEI Number <b>20-2968824</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

**6. Name and Address of Current Registered Agent**

**GOOD CAPITAL GROUP, INC.**  
**174 WEST COMSTOCK AVE**  
**114**  
**WINTER PARK, FL 32789**

**7. Name and Address of New Registered Agent**

Name <b>M. Carson Good</b>
Street Address (P.O. Box Number is Not Acceptable) <b>222 W. Comstock Ave.</b>
Suite 208
City <b>Winter Park, FL</b>
Zip Code <b>32789</b>

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>GOOD CAPITAL VENTURES LLC</b> <b>174 WEST COMSTOCK AVE</b> <b>WINTER PARK, FL 32789</b>	<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 <b>M. Carson Good</b> <b>174 W. Comstock Ave., Suite 100</b> <b>Winter Park, FL 32789</b>	<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:** M. Carson Good, President

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

Date

407-702-6670

Daytime Phone #

4/14/2008