

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000057551

FILED
Jul 06, 2006
Secretary of State

Entity Name: GOOD FINANCIAL GROUP, LLC

Current Principal Place of Business:

PO BOX 290695
TAMPA, FL 33687

New Principal Place of Business:

Current Mailing Address:

PO BOX 290695
TAMPA, FL 33687

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EFRON, RANDY G
11822 SKYLAKE PLACE
TAMPA, FL 33687 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GREEN, CHAD
Address: PO BOX 290695
City-St-Zip: TAMPA, FL 33687

Title: MGRM (X) Delete
Name: GOOD, CLAIR E
Address: PO BOX 290695
City-St-Zip: TAMPA, FL 33687

Title: MGRM (X) Delete
Name: EFRON, RANDY G
Address: PO BOX 290695
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: EFRON, RANDY G
Address: PO BOX 290695
City-St-Zip: TAMPA, FL 33687 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RANDY EFRON

MGRM

07/06/2006

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