


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-05-2008 90041 031 ***138.75

DOCUMENT # L05000101517	
1. Entity Name GOOD PSR - 192 II, LLC	

Principal Place of Business 174 WEST COMSTOCK AVENUE, SUITE 114 WINTER PARK, FL- 32789	Mailing Address 174 WEST COMSTOCK AVENUE, SUITE 114 WINTER PARK, FL- 32789
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2. Principal Place of Business - No P.O. Box # 222 W. Comstock Ave. Suite, Apt. #, etc. Suite 208	3. Mailing Address 174 W. Comstock Ave. Suite, Apt. #, etc. Suite 100
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01292008 Chg-LLC CR2E083 (12/06)

City & State Winter Park, Florida	City & State Winter Park, Florida	4. FEI Number 20-4556778	Applied For Not Applicable
Zip 32789	Country USA	Zip 32789	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BALLETTA, JAMES GRAYROBINSON, P.A. 301 E. PINE STREET, SUITE 1400 ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOOD CAPITAL GROUP, INC. 174 WEST COMSTOCK AVENUE, SUITE 114 100 WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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.

By: Good Capital Group, Inc., Florida Corporation, as Managing Member
 By: M. Carter Good
SIGNATURE: M. Carter Good, as President of Good Capital Group, Inc.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
 Date: 4/14/2008
 Daytime Phone #: 407-702-6670