


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 15, 2008 8:00 am**  
**Secretary of State**

01-15-2008 90017 003 \*\*\*138.75

<b>DOCUMENT # L05000106211</b>	
1. Entity Name <b>GODWIN REALTY LLC</b>	

Principal Place of Business <b>2504 BUTTERCUP COURT KISSIMMEE, FL 34758</b>	Mailing Address <b>2504 BUTTERCUP COURT KISSIMMEE, FL 34758</b>
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2. Principal Place of Business - No P.O. Box # <b>10553 LK Monterey Dr Suite, Apt. #, etc. K303</b>	3. Mailing Address <b>10553 LK Monterey Dr Suite, Apt. #, etc. K303</b>
City & State <b>Orlando FL</b>	City & State <b>Orlando FL</b>
Zip <b>32821</b>	Zip <b>32821</b>
Country	Country

01102008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>01-0852459</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>GODWIN, WILLIAM G MGRM 2504 BUTTERCUP COURT KISSIMMEE, FL 34758</b>	7. Name and Address of New Registered Agent Name <b>GODWIN WILLIAM G MGRM</b> Street Address (P.O. Box Number is Not Acceptable) <b>10553 LK MONTEREY DR</b> <b>K303</b> City <b>ORLANDO</b> FL Zip Code <b>32821</b>
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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  **1-10-08**  
Signature of individual or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) 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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GODWIN, WILLIAM (BILL) MGRM 2504 BUTTERCUP COURT KISSIMMEE, FL 34758 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GODWIN WILLIAM (BILL) MGRM 10553 LK MONTEREY DR. K303 ORLANDO FL 32821 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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.

SIGNATURE:  **1-10-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #