


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90335 025 ****50.00

DOCUMENT # L06000070846					
1. Entity Name GOODMAN PROPERTIES, LLC					
Principal Place of Business 4333 SILVER STAR ROAD SUITE 175 ORLANDO, FL 32808			Mailing Address 4333 SILVER STAR ROAD SUITE 175 ORLANDO, FL 32808		
2. Principal Place of Business - No P.O. Box # 2405 W. Princeton		3. Mailing Address Same as Principal		60047502 	
Suite, Apt. #, etc. Suite 1		Suite, Apt. #, etc.		04302007 Chg-LLC CR2E083 (12/06)	
City & State Orlando F		City & State		4. FEI Number 20-5238576	
Zip 32804		Country Orange		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BENKIRAN, MICHELE 1999 WEST COLONIAL DRIVE ORLANDO, FL, FL 32804			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOODMAN, LYNN A 4333 SILVER STAR ROAD, SUITE 175 ORALNDO, FL 32808 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2405 W. Princeton S#9 Orlando FL 32804 <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: <i>Lynn A. Goodman</i>			4/30/07 407-532-3441		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					