

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-05-2008 90041 026 \*\*\*138.75

**DOCUMENT # L06000078828**

1. Entity Name  
**GOOD CAPITAL VENTURES II LLC**



Principal Place of Business <b>174 WEST COMSTOCK AVE SUITE 114 WINTER PARK, FL 32789</b>	Mailing Address <b>174 WEST COMSTOCK AVE SUITE 114 WINTER PARK, FL 32789</b>
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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>
City & State <b>Winter Park, Florida</b>	City & State <b>Winter Park, Florida</b>
Zip <b>32789</b>	Country <b>USA</b>

01292008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

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

**GOOD, CARSON  
174 WEST COMSTOCK AVE  
SUITE 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 GOOD, CARSON 174 WEST COMSTOCK AVE, SUITE 114 WINTER PARK, FL 32789 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM M. Carson Good 174 W. Comstock Ave., Suite 100 Winter Park, FL 32789 <input checked="" 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
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* Managing Member

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

*4/14/2008*

Date

407-702-6670

Daytime Phone #