

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Feb 04, 2008 08:00 A
Secretary of State

DOCUMENT # L06000093775
 1. Entity Name
GODDARD HOLDINGS, LLC



Principal Place of Business: **1249 TALL PINES DRIVE OSTEEN, FL 32764**
 Mailing Address: **1249 TALL PINES DRIVE OSTEEN, FL 32764**

DO NOT WRITE IN THIS SPACE

Barcode: 
 01102008No Chg-LLC CR2E083 (12/07)
 4. FEI Number: **20-5692507** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
GODDARD, CLAUDE H JR
1249 TALL PINES DRIVE
OSTEEN, FL 32764

DO NOT WRITE IN THIS SPACE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GODDARD, CLAUDE H JR 1249 TALL PINES DRIVE OSTEEN, FL 32764
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 02/14/08-80010-025 138.75
DO NOT WRITE IN THIS SPACE

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 606, Florida Statutes.

SIGNATURE: *Claude H. Goddard Jr* **Claude H Goddard Jr** **2-1-08** **407 324 0260**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #