


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-05-2008 90041 021 \*\*\*138.75

<b>DOCUMENT # L07000003541</b>	
1. Entity Name <b>GOOD PARTIN CORNERS, LLC</b>	

Principal Place of Business <b>174 WEST COMSTOCK AVENUE, SUITE 114 WINTER PARK, FL 32789</b>	Mailing Address <b>174 WEST COMSTOCK AVENUE, 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>

**60039330**



01292008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-8253740</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BALLETTA, JAMES 301 PINES STREET, SUITE 1400 ORLANDO, FL 32801</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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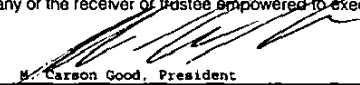
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM M. Carson Good 174 W. Comstock Ave., #100 Winter Park, FL 32789 <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.

<b>SIGNATURE:</b>  M. Carson Good, President	<b>4/14/2008</b> Date	407-702-6670 Daytime Phone #
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