

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000008741

Entity Name: GOODE WORKS, LLC

FILED
Feb 04, 2008
Secretary of State

Current Principal Place of Business:

2675 B DOBBS ROAD
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

2675 DOBBS ROAD
SUITE # B
ST. AUGUSTINE, FL 32086

Current Mailing Address:

2675 B DOBBS ROAD
ST. AUGUSTINE, FL 32086

New Mailing Address:

2675 DOBBS ROAD
SUITE # B
ST. AUGUSTINE, FL 32086

FEI Number: 51-0617709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELEOD, ROBERT L II, ESQ
1200 PLANTATION ISLAND DRIVE
SUITE 140
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GOODE, WILLIAM T
Address: 2675 B DOBBS ROAD
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGRM () Delete
Name: GOODE, MARY R
Address: 2675 B DOBBS ROAD
City-St-Zip: ST. AUGUSTINE, FL 32086

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GOODE, WILLIAM T
Address: 2675 DOBBS ROAD
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGRM (X) Change () Addition
Name: GOODE, MARY R
Address: 2675 DOBBS ROAD
City-St-Zip: ST. AUGUSTINE, FL 32086

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM T GOODE

MGR

02/04/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date