

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-05-2008 90041 025 ***138.75

DOCUMENT # L07000039843

1. Entity Name
GOOD PARTIN VILLAGE, LLC



Principal Place of Business Mailing Address
174 WEST-COMSTOCK AVE., SUITE 114 **174 WEST-COMSTOCK AVE., SUITE 114**
WINTER PARK, FL 32789 **WINTER PARK, FL 32789**

60039326



2. Principal Place of Business - No P.O. Box #
222 W. Comstock Ave.

3. Mailing Address
174 W. Comstock Ave.

Suite, Apt. #, etc.
Suite 208

Suite, Apt. #, etc.
Suite 100

01292008 Chg-LLC CR2E083 (12/06)

City & State
Winter Park, Florida

City & State
Winter Park, Florida

4. FEI Number
20-8858609

Applied For
Not Applicable

Zip Country
32789 USA

Zip Country
32789 USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BALLETT, JAMES
301 E. PINE STREET, SUITE 1400
ORLANDO, FL 32801

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

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

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME **M. Carson Good**
STREET ADDRESS **174 W. Comstock Ave., #100**
CITY-ST-ZIP **Winter Park, FL 32789**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]* **M. Carson Good, President**

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

4/14/2008

Date

407-702-6670
Daytime Phone #