



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-05-2008 90041 020 \*\*\*138.75

<b>DOCUMENT # L07000083148</b> 1. Entity Name <b>GOOD GATEWAY, LLC</b>					
Principal Place of Business      Mailing Address <b>174 W. COMSTOCK AVENUE, STE. 114</b> <b>174 W. COMSTOCK AVENUE, STE. 114</b> <b>WINTER PARK, FL 32789</b> <b>WINTER PARK, FL 32789</b>					
2. Principal Place of Business - No P.O. Box # 222 W. Comstock Ave.		3. Mailing Address 174 W. Comstock Ave.		01292008    Chg-LLC    CR2E083 (12/06)	
Suite, Apt. #, etc. Suite 208		Suite, Apt. #, etc. Suite 100		4. FEI Number 26-0767249	
City & State Winter Park, Florida		City & State Winter Park, Florida		Applied For <input type="checkbox"/> Not Applicable	
Zip 32789		Country USA		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BALLETTA, JAMES</b> <b>301 E. PINE STREET, STE. 1400</b> <b>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	
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 _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>				<b>Make check payable to:</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>M. Carson Good</b> <input type="checkbox"/> Delete <b>174 W. Comstock Ave., #100</b> <b>Winter Park, Florida 32789</b>			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
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> <u>M. Carson Good, President</u>				Date <u>4/14/2008</u> Daytime Phone # <u>407-702-6670</u>	