

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # L93000000235

1. Entity Name
GOODBY'S EXECUTIVE PROPERTIES, L.C.



Principal Place of Business
**8810 GOODBY'S EXECUTIVE DRIVE
SUITE A
JACKSONVILLE, FL 32217**

Mailing Address
**8810 GOODBY'S EXECUTIVE DRIVE
SUITE A
JACKSONVILLE, FL 32217**



04052005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3190192

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FEREBEE, DAVID B
9263 EAST BEAUCLERC CIRCLE
JACKSONVILLE, FL 32257**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JOHNSON, R. DENISE 11540 LOIS CROSS DRIVE JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TRAER, WILLIAM M III 1205 GREENRIDGE ROAD JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FEREBEE, DAVID B 9263 E. BEAUCLERC CIRCLE JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000293657
04/08/05-80037-012 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-5-05