2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L93000000235

GOODBY'S EXECUTIVE PROPERTIES, L.C.



Principal Place of Business

Mailing Address

8810 GOODBY'S EXECUTIVE DRIVE

SUITE A

JACKSONVILLE, FL 32217

8810 GOODBY'S EXECUTIVE DRIVE

SUITE A

JACKSONVILLE, FL 32217





02282006 No Chg-LLC

CR2E083 (11/05)

Applied For 4. FEI Number 59-3190192 Not Applicable \$5.00 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

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

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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. (NO	TE: Registered Agent signature required when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM .	
NAME	JOHNSON, R. DENISE	
STREET ADDRESS	11540 LOIS CROSS DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32258	
TITLE	MGRM	
NAME	TRAER, WILLIAM M III	
STREET ADDRESS	1205 GREENRIDGE ROAD	1
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	MGRM	
NAME	FEREBEE, DAVID B	1
STREET ADDRESS	9263 E. BEAUCLERC CIRCLE	DO NOT WRITE
CITY-ST-ZIP	JACKSONVILLE, FL 32257	DO NOT WKITE -
TITLE		IN THIS SPACE
NAME		IN THIS SPACE
street address		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP	l	_}
TITLE		
NAME		i
STREET ADDRESS		

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 trugtee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _ ME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

3-1-04

Daytime Phone #