

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2007 08:00 A**  
**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



04022007 No Chg-LLC

CR2E083 (11/05)

**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 BEAULCER 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, 2007

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
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	MGRM
NAME	FEREBEE, DAVID B
STREET ADDRESS	9263 E. BEAULCER CIRCLE
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000689654  
04/11/07-80044-012 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the 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]*

4/1/07

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

Date

Daytime Phone