

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L93000000235

FILED
Jan 06, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3190192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOHNSON, R. DENISE
Address: 11540 LOIS CROSS DRIVE
City-St-Zip: JACKSONVILLE, FL 32258

Title: MGRM () Delete
Name: TRAER, WILLIAM M III
Address: 1205 GREENRIDGE ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGRM () Delete
Name: FEREBEE, DAVID B
Address: 9263 E. BEAUCLERC CIRCLE
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: R. DENISE JOHNSON

MGRM

01/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date