



File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 APR 20 AM 10:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE																															
1. Name and Mailing Address of Limited Liability Company GOOD TIDINGS II, L.C. 5344 GAULEY DRIVE STONE MOUNTAIN GA 30087		DOCUMENT # L98000000333 1a. Principal Place of Business Address 5344 GAULEY DRIVE STONE MOUNTAIN GA 30087																															
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip		3. Date Organized or Qualified 03/16/1998 3a. State of Formation FL 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																													
Country		Country		5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>																													
7. Name and Address of Current Registered Agent BARTH, JAMES C 30 SOUTH SHORE DRIVE DESTIN FL 32541			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City State Zip Code																														
Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.																																	
SIGNATURE _____ DATE _____																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>GOSS, EDWARD M JR</td> <td>5344 GAULEY RIVER DRIVE</td> <td>STONE MOUNTAIN GA</td> </tr> <tr> <td>MGRM</td> <td>GOSS, SHIRLEY B</td> <td>5344 GAULEY RIVER DRIVE</td> <td>STONE MOUNTAIN GA</td> </tr> <tr> <td>MGRM</td> <td>MATHIS, KEVIN L</td> <td>44 ELEVACRES ROAD</td> <td>LEICESTER NC</td> </tr> <tr> <td>MGRM</td> <td>MATHIS, APRIL B</td> <td>44 ELEVACRES ROAD</td> <td>LEICESTER NC</td> </tr> <tr> <td>MGRM</td> <td>MATHIS, E J TRUSTEE</td> <td>550 CRABAPPLE LANE</td> <td>ARDEN NC</td> </tr> <tr> <td>MGRM</td> <td>MATHIS, JOAN G TRUSTEE</td> <td>550 CRABAPPLE LANE</td> <td>ARDEN NC</td> </tr> </tbody> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGRM	GOSS, EDWARD M JR	5344 GAULEY RIVER DRIVE	STONE MOUNTAIN GA	MGRM	GOSS, SHIRLEY B	5344 GAULEY RIVER DRIVE	STONE MOUNTAIN GA	MGRM	MATHIS, KEVIN L	44 ELEVACRES ROAD	LEICESTER NC	MGRM	MATHIS, APRIL B	44 ELEVACRES ROAD	LEICESTER NC	MGRM	MATHIS, E J TRUSTEE	550 CRABAPPLE LANE	ARDEN NC	MGRM	MATHIS, JOAN G TRUSTEE	550 CRABAPPLE LANE	ARDEN NC
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code																														
MGRM	GOSS, EDWARD M JR	5344 GAULEY RIVER DRIVE	STONE MOUNTAIN GA																														
MGRM	GOSS, SHIRLEY B	5344 GAULEY RIVER DRIVE	STONE MOUNTAIN GA																														
MGRM	MATHIS, KEVIN L	44 ELEVACRES ROAD	LEICESTER NC																														
MGRM	MATHIS, APRIL B	44 ELEVACRES ROAD	LEICESTER NC																														
MGRM	MATHIS, E J TRUSTEE	550 CRABAPPLE LANE	ARDEN NC																														
MGRM	MATHIS, JOAN G TRUSTEE	550 CRABAPPLE LANE	ARDEN NC																														
I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.																																	
SIGNATURE:  4-11-99 770-938-2035																																	