2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000000475

DO NOT WRITE

GOODRICH OLD MARSH, LLC



FILED Jan 19, 2005 08:00 AM Secretary of State

Principal Place of Business

C/O HINES & CORLEY LLC 55 HAYDEN AVE., STE. 3200 LEXINGTON, MA 02421

Mailing Address

C/O HINES & CORLEY LLC 55 HAYDEN AVE., STE. 3200 LEXINGTON, MA 02421

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01052005 No Chg-LLC

CR2E083 (10/03)

Fee Required

Not Applicable
21-4 5 11 15
Applied For

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE, FL 32301

SIGNATURE: _\Und_U

SIGNATURE AND TYPED OR P

Corlin

INTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/5/2005

Daytime Phone #

CORLEY

	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered	i office or registered agent, or both, in	n the State of Florida. I am	familiar with, and accept	
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	MGR		The state of the s	Maria Cara	to medical transfer	
NAME	HINES, EDWARD F JR.		4 P 4 P 4	•	• • •	
STREET ADDRESS	55 HAYDEN AVE., STE. 3200					
CITY-ST-ZIP	LEXINGTON, MA 02421		nte States Sa	U00000184592	2	
TITLE	MGR			<u>u/20/05-80038</u>		
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11. I hereby of indicated limited lia	certify that the information supplied with this filing does not q on this report is true and accurate and that my signature sha bility company or the receiver or trustee empowered to exec	ualify for the exem all have the same l cute this report as r	ption stated in Section 119.07(3)(i), Fi egal effect as if made under oath; tha equired by Chapter 608, Florida Statu	lorida Statutes. I further ce at I am a managing memb utes.	rtify that the information per or manager of the	