

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 15, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000003787

Entity Name
GOAD DEVELOPMENT COMPANY, LTD. CO.



Principal Place of Business
8825 BOGGY CREEK ROAD
ORLANDO, FL 32824

Mailing Address
8825 BOGGY CREEK ROAD
ORLANDO, FL 32824

DO NOT WRITE IN THIS SPACE



06302004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
31-1445193

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOAD, TIMOTHY
8825 BOGGY CREEK ROAD
ORLANDO, FL 32824

**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 September 8, 2004**

U000000172263

09/15/04-80001-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
GOAD, TIMOTHY L
128 E. PARK DRIVE
CELEBRATION, FL 34747

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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STREET ADDRESS
CITY - ST - ZIP

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11. I 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 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: *X*

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

Tim Goad

Date

Daytime Phone #