

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003947

**FILED**  
**Mar 27, 2008**  
**Secretary of State**

**Entity Name:** GOODRICH REALTY MANAGEMENT, LLC

**Current Principal Place of Business:**

EDWARDS & ANGELL, % G. YOUNG  
ONE NORTH CLEMATIS STREET, STE. 400  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

EDWARDS & ANGELL, % G. YOUNG  
ONE NORTH CLEMATIS STREET, STE. 400  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number:** 36-4511287

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANGELL CORPORATE SERVICES, INC.  
ONE NORTH CLEMATIS STREET, STE. 400  
WEST PALM BEACH, FL 33401 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: MGR ( ) Delete  
Name: CLARK, STANLEY L  
Address: 55 HAYDEN AVENUE, STE. 3200  
City-St-Zip: LEXINGTON, MA 02421

Title: MGR ( ) Delete  
Name: MARZILLI, JOSEPH  
Address: 55 HAYDEN AVENUE, STE. 3200  
City-St-Zip: LEXINGTON, MA 02421

**ADDITIONS/CHANGES:**

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:** STANLEY L. CLARK

MGR

03/27/2008

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