


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000001431 1. Entity Name GOODMANAGEMENT, LLC	
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Principal Place of Business 749-A THIMBLE SHOAL BOULEVARD, #4 NEWPORT NEWS, VA 23606-3560	Mailing Address 749-A THIMBLE SHOAL BOULEVARD, #4 NEWPORT NEWS, VA 23606-3560
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DO NOT WRITE IN THIS SPACE



01182006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 31-1804355	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GOODMAN, DALE F 749-A THIMBLE SHOAL BOULEVARD, #4 NEWPORT NEWS, VA 236063560
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WELLS, CLINTON A 749-A THIMBLE SHOAL BOULEVARD, #4 NEWPORT NEWS, VA 236063560
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/06/06-80041-025 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

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

1/23/2006 757-596-5215

Date

Daytime Phone #