

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001431

Entity Name: GOODMANAGEMENT, LLC

FILED  
Feb 06, 2009  
Secretary of State

**Current Principal Place of Business:**

603 PILOT HOUSE DR  
SUITE 225  
NEWPORT NEWS, VA 23606

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 12967  
NEWPORT NEWS, VA 23612

**New Mailing Address:**

FEI Number: 31-1804355

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: GOODMAN, DALE F  
Address: 603 PILOT HOUSE DR SUITE 225  
City-St-Zip: NEWPORT NEWS, VA 23606

Title: MGR ( ) Delete  
Name: WELLS, CLINTON A  
Address: 603 PILOT HOUSE DR SUITE 225  
City-St-Zip: NEWPORT NEWS, VA 23606

**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: CLINTON A. WELLS

MGR

02/06/2009

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