2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007
Secretary of State

DOCUMENT# M06000006471

Entity Name: THE GOODMAN GROUP, LLC

Current Principal Place of Business:

1107 HAZELTINE BOULEVARD, SUITE 200
CHASKA, MN 55318

New Principal Place of Business:

1107 HAZELTINE BOULEVARD,
SUITE 200
CHASKA, MN 55318

Current Mailing Address:

1107 HAZELTINE BOULEVARD, SUITE 200
CHASKA, MN 55318

New Mailing Address:

1107 HAZELTINE BOULEVARD,
SUITE 200
CHASKA, MN 55318

FEI Number: 74-3177222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE,
SUITE 4
WESTON, FL 33331 US

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: _____ 02/05/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GOODMAN, JOHN B
Address: 1107 HAZELTINE BOULEVARD, SUITE 200
City-St-Zip: CHASKA, MN 55318

Title: MGR ( ) Delete
Name: PETERKA, DAN R
Address: 1107 HAZELTINE BOULEVARD, SUITE 200
City-St-Zip: CHASKA, MN 55318

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 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: JOHN B. GOODMAN MGR 02/05/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date