subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STA					SECRETARY OF STATE DIVISION OF CORPORATIONS				
	ANNUAL REPORT	Katherine Harris Secretary of State		DIVISION OF CORPORATIONS					
	1999 DIVISION OF CORPORATIONS					99 MAR 17 PM 1:53			
FILING \$ 188	FEE Annual Report \$100.00 75 Make Check Payable 1								
			# м 97000	· · ·	Ī				
COMPREHENSIVE PLANNING-GOODMAN, LLC					1a. Principal Place of Business Address				
1133 SO. UNIVERSITY DR.					1133 SO. UNIVERSITY DR.				
SUITE 200 FORT LAUDERDALE FL 33324					SUITE 200 FORT LAUDERDALE FL 33324				
	FORT LAUDERDALE FL	33324	4		FORT	UDEKDAL	DE ETI	33324	
2 Principal Place of Business 2a. Mailin			ng Address		3. Date Organized or Qualified		3a. State of Formation		
Suite, Apt. #, etc. Suite, Apt			1. #, etc.		12/26/1997		NY		
				4. FEI Number Appli		Applied For			
City & State City & Sta			ite		11-3240958			Not Applicable	
Zip Country Zip		Country		5. Date of Last Report			eate of Status Desired		
		<u> </u>			03/09/1			itional Fee Required	
7. Name and Address of Current Registered Agent				Name	Name and Address	s of New Regis	tered Ager	nt/Office	
ROUGH, HERBERT L									
16353 FERN DRIVE FORT LAUDERDALE FL 33326				Street Address (P.O. Box Number is Not Acceptable)					
TONE INCOME.				Suite, Apt. #, etc					
				City	Zıp Code				
				Oily		FL	'		
its register	ant to the provisions of Sections 608.416 red office or registered agent, or both, in the	and 608.508, State of Flor	Florida Statutes, ti rida. Such change w	ne above-named limited as authorized by affirma	d liability company si ative vote of a majorit	ubmits this state y of the member	ment for the s. Thereby a	e purpose of changing except the appointment	
as registe	red agent, and accept the obligations.								
	PRE					DATE .			
	RE(Registered Agent Accepting		,	gnature required when minst the		r	State and	Zıp Code	
SIGNATU	PRE		,			r	State and	Zip Code	
SIGNATU	RE(Registered Agent Accepting		,	usiness Street Address		City		Zip Code	
SIGNATU	RE		44 SADD:	usiness Street Address		City.	N HEIO	·	
SIGNATU 10. Title MBR	Managing Members/Manager		44 SADD:	LE LANE ERN DRIVE		City.	N HEIG	GHTS NY	
SIGNATU 10. Title MBR MBR	Managing Members/Manager LEVY, MARK D ROUGH, HERBERT L		44 SADD:	LE LANE ERN DRIVE		ROSLYN FORT I	N HEIG	GHTS NY	
SIGNATU 10. Title MBR MBR	Managing Members/Manager LEVY, MARK D ROUGH, HERBERT L		44 SADD:	LE LANE ERN DRIVE	gi	ROSLYM FORT I ROSYLM	N HEIC LAUDEI N NY P(F:1)	GHTS NY	

SIGNATURE:

SIGNALLY ALD TYPED OR PHILLED DIAME OF SCHIPPE MANAGEZ MY HORIMANACIER

11. Loo hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual report is true and accurate and thet my signature shall have the same legal effect as it made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee impossible to execute the report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

Dayton Phase #