

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 MAY 24 P 1: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L05000023130 1. Entity Name WILDWOOD PLANTATION, LLC					
Principal Place of Business 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210			Mailing Address 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210		
2. Principal Place of Business - No P.O. Box # 5851 TIMUQUANA Rd Suite, Apt. #, etc. 301		3. Mailing Address 5851 TIMUQUANA Rd Suite, Apt. #, etc. 301		04202007 Chg-LLC CR2E083 (12/06)	
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL		4. FEI Number 59-3800356	
Zip 32210		Country DUVAL		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ATLEE, KENYON S 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5851 TIMUQUANA Rd. Ste 301 City JACKSONVILLE FL Zip Code 32210		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR	NAME KENDALE G P., INC.		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 4501 BEVERLY AVE	CITY-ST-ZIP JACKSONVILLE, FL 32210		NAME 5851 TIMUQUANA Rd Ste 301		
CITY-ST-ZIP JACKSONVILLE, FL 32210			CITY-ST-ZIP JACKSONVILLE FL 32210		
TITLE <input type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		
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 606, Florida Statutes.					
SIGNATURE: <u><i>Kenyon S. Atlee</i></u> Kenyon S. Atlee <u>4-25-07</u> <u>904-384-6964</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					