


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90128 006 \*\*\*138.75

**DOCUMENT # L05000023130**  
 1. Entity Name  
 WILDWOOD PLANTATION, LLC



Principal Place of Business 5851 TIMUQUANA RD., STE 301 JACKSONVILLE, FL 32210	Mailing Address 5851 TIMUQUANA RD., STE 301 JACKSONVILLE, FL 32210
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**60027445**



**DO NOT WRITE IN THIS SPACE**

04162008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 59-3800356	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 ATLEE, KENYON S  
 5851 TIMUQUANA RD., STE 301  
 JACKSONVILLE, FL 32210

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENDALE G P., INC. 5851 TIMUQUANA RD., STE 301 JACKSONVILLE, FL 32210
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**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:** *Kenyon S. Atlee* Kenyon S. Atlee 4/17/08 904 384 6964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #