2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003728

1. Entity Name
WOODPARK, L.L.C.

FILED
00 JAN 18 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
400 ROBERTS ROAD FLGLER BEACH FL 32136	400 ROBERTS ROAD FLAGLER BEACH FL 32136-3055

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
375 Fentress Blvd	375 Fentress Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Daytona Beach FL.	City & State: Daytona Beach FL
Zip: 32114 Country: USA	Zip: 32114 Country: USA

4. FEI Number: 59-3591149 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PARKER, EDWARD E
400 ROBERTS ROAD
FLGLER BEACH FL 32136

7. Name and Address of New Registered Agent

Name: Parker, Edward E.
Street Address (P.O. Box Number is Not Acceptable): 375 Fentress Blvd.
City: Daytona Beach FL Zip Code: 32114

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.

SIGNATURE: [signature] 1-12-2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PARKER, EDWARD E 400 ROBERTS ROAD FLGLER BEACH FL 32136	☐ Delete	MGR. PARKER EDWARD E. 375 Fentress Blvd. Daytona Beach FL 32114	☒ Change ☐ ----
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ ----
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	800003112558--8 -01/27/00--01027--008 *****50.00 *****50.00	☐ Change ☐ ----
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ ----
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ ----
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED 1-12-2000 904-271-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #