


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90263 044 ***138.75

DOCUMENT # L06000005481

1. Entity Name
 422 WOODLAND, LLC



Principal Place of Business 444 SEABREEZE BLVD. SUITE 780 DAYTONA BEACH, FL 32118 US	Mailing Address 444 SEABREEZE BLVD. SUITE 780 DAYTONA BEACH, FL 32118 US
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60018081



02042008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

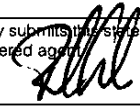
4. FEI Number 20-4220618	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RICE & ROSE, P.A. Robert L. Adams
 222 SEABREEZE BLVD. 444 Seabreeze Blvd. #170
 DAYTONA BEACH, FL 32118 Daytona Beach FL 32118

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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:  Robert L. Adams 3-17-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

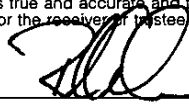
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADAMS, JOHN J 444 SEABREEZE BLVD, SUITE 780 170 DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBERT L. ADAMS REVOCABLE TRUST OF 5/13/05 444 SEABREEZE BLVD, SUITE 780 170 DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  Robert L. Adams 3-17-08 386-253-8044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #