

**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

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 ☐ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

~~RICE & ROSE, P.A.~~  
~~222 SEABREEZE BLVD.~~  
~~DAYTONA BEACH, FL 32118~~

Robert L. Adams  
444 Seabreeze Blvd. #170  
Daytona Beach FL 32118

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Robert L. Adams

3-17-08

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

**9. MANAGING MEMBERS/MANAGERS**

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

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Robert L. Adams 3-17-08 386-253-8044