I hereby certify that the information indicated on this report or supplemental report is true and acc oath; that I am a managing member or manager of the limited liability company or the receiver or that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: FRED H. RATH	MANAGER	06/03/2015

SIGNATURE: FRED H. RATH

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business: 3793 PEPPER TREE LANE WILDWOOD, FL 34785

Entity Name: WILDWOOD APARTMENT DEVELOPMENT, LLC

2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

Current Mailing Address:

DOCUMENT# L07000021959

5405 CYPRESS CENTER DRIVE, SUITE 320 TAMPA, FL 33609

FEI Number: 20-8596187

Name and Address of Current Registered Agent:

HOLCOMB, VICTOR WESQ. 3203 W CYPRESS STREET TAMPA, FL 33607 US

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:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

	Title	P, MGR	Title	VP
	Name	RATH, FRED H	Name	HARPER, WILLIAM H
	Address	5405 CYPRESS CENTER DRIVE, SUITE 320	Address	5405 CYPRESS CENTER DRIVE, SUITE 320
	City-State-Zip:	TAMPA FL 33609	City-State-Zip:	TAMPA FL 33609
	Title	S	Title	VP
	Name	RATH, TIFFANY J	Name	MARTLING, ROBERT A
	Address	5405 CYPRESS CENTER DRIVE,	Address	5405 CYPRESS CENTER DRIVE, SUITE 320
		SUITE 320		3011E 320
	City-State-Zip:	TAMPA FL 33609	City-State-Zip:	TAMPA FL 33609

Certificate of Status Desired: No

Jun 03, 2015 Secretary of State CC1892437657

Date

FILED

Date

MANAGER