


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90238 022 ****50.00

DOCUMENT # L00000003560	
1. Entity Name WELAKA WOODS, LLC	

Principal Place of Business 200 LAURA STREET C/O CHARLES E. COMMANDER, III JACKSONVILLE, FL 32202	Mailing Address 200 LAURA STREET C/O CHARLES E. COMMANDER, III JACKSONVILLE, FL 32202
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20024024



2. Principal Place of Business 3839 ORTEGA BLVD	3. Mailing Address 3839 ORTEGA BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03212005 Chg-LLC CR2E083 (10/03)

City & State JACKSONVILLE, FL	City & State JACKSONVILLE FL
Zip 32210	Country USA
Zip 32210	Country USA

4. FEI Number 59-3686245	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent COMMANDER, CHARLES E III 200 LAURA STREET JACKSONVILLE, FL 32202	
7. Name and Address of New Registered Agent Name: CHARLES E. COMMANDER, III Street Address (P.O. Box Number is Not Acceptable): 3839 ORTEGA BLVD City: JACKSONVILLE FL Zip Code: 32210	

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: Charles E. Commander III DATE: 3-22-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHARLES E. COMMANDER III 200 LAURA STREET JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHARLES E. COMMANDER III 3839 ORTEGA BLVD JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Charles E. Commander III DATE: 3-22-05 (404) 359-2000

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