

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000006215

1. Entity Name
WILDWOOD PROPERTIES, L.L.C.



Principal Place of Business
**2 S. UNIVERSITY DR.
SUITE 265
PLANTATION, FL 33324**

Mailing Address
**2 S. UNIVERSITY DR.
SUITE 265
PLANTATION, FL 33324**



04142004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1010926

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JANKOWSKI, JOHN F PA
2 S. UNIVERSITY DR.
SUITE 265
PLANTATION, FL**

**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 reappointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JANKOWSKI, DAVID M
7112 CENTRAL AVE NORTH UNIT
SEA ISLE CITY, NJ 08243**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JANKOWSKI, JOHN F JR
2 S. UNIVERSITY DR., SUITE 265
PLANTATION, FL 33324**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

954-
4/15/04 370-1036