2005 LIMITED LIABILITY COMPANY

FILED Jan. 29. 2005 08:00 AM

ANNOAL REPORT						Jair 22, 4	,002 00.0	O / KIVI
DOCUMENT # L0000006412 1. Entity Name OAKWOOD DEVELOPMENT, LLC						Secre	tary of Sta	ate
ļ		<u> </u>		- WE 1	1			
Principal Plac	ce of Business	Mailing Address		İ				
223 S. WOODLAND BLVD. DELAND, FL 32720		223 S. WOODLAND BLVD. DELAND, FL 32720						
<u> </u>							U BILL BILL BULL BIEL HALF I	
2. Principal Place of Business		3. Mailing Address				 		
Suite, Apt. #, etc.		Suite, Apt #, etc.		01122005	Chg-LLC	CR2E083 (10/03)	l	
City & State		City & State		4. FEI Number 01-066		\ 	pplied For lot Applicable	
Zip	Country	Zíp	Country		5. Certificate	of Status Desired	☐ \$5.00 Ac Fee Requir	
	legistered Agent			7. Name and	Address of New R	legistered Agent		
BALLED 12			Name					
BAUER, K 223 S. WC DELAND,	OODLAND BLVD.			Street Address ((P.O. Box Number is Not Acceptable)			
				City			FL Zip Coo	ie :
9. The should paying a limite this statement for the surgeon of should be in its to				ad office or register	ad agant as bar	to the Outs of De		
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 DATE								
Filing Fee is \$50.00 Due by May 1, 2005							e check payable to a Department of Stat	le
9.	MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS/	CHANGES	
TITLE	MGRM Delete		TITLE				☐ Change	Addition
NAME	CLAYTON, JAMES B		NAMI			- 10000	JZ00397 Ciliang	Addition
STREET ADDRESS	MINERAL RIGHTS ROAD		STRE	ET ADDRESS		91/28/05	-00026-002-1	58, 75
CITY-ST-ZIP	DEEON SPRINGS, FL 32130		, CITY-	-ST-ZIP	_			· · · · · · · · · · · · · · · · · · ·
TITLE	☐ Delete		TITLE			Unnon	Change	☐ Addilion
NAME			NAME				0204264	o 00 11
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY - ST - ZIP			01743705	-80065-007 5	0.00
TITLE			TITLE				☐ Change	☐ Addition
NAME			NAME				change	
STREET ADDRESS			STRE	ET ADDRESS				
CITY-ST-ZIP			CITY-	ST-ZIP	<u> </u>	· · · · · · · · · · · · · · · · · · ·		<u> </u>
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS			NAME	ET ADDRESS				
CITY-ST-ZIP				ST-ZIP				ĺ
TITLE		□ Delete	TITLE				☐ Change	Addition
NAME			NAME	1				
STREET ADDRESS			STREE	T ADORESS				
CITY-ST-ZIP	TY-ST-ZIP C			ST-ZIP		<u> </u>		
TITLE	☐ Delete				☐ Change		Addition	
NAME STREET ADDRESS			NAME	T ADDRESS				
CITY-ST-ZIP				ST-ZIP				
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:

JAMES B. CLAYTON, MANAGING MEMBER 1/20/2005

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

Date

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