

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010090

FILED
Jan 23, 2006
Secretary of State

Entity Name: WOODBURY FOREST HOMES, L.L.C.

Current Principal Place of Business:

C/O VICTOR C. FRANCK
82 DRIFTOAK CIRCLE
THE WOODLANDS, TX 77381

New Principal Place of Business:

Current Mailing Address:

C/O VICTOR C. FRANCK
82 DRIFTOAK CIRCLE
THE WOODLANDS, TX 77381

New Mailing Address:

FEI Number: 75-2932291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHELL, STEPHEN B
SHELL, FLEMING, DAVIS & MENGE
226 S. PALAFOX ST., SEVILLE TWR., 9TH FL
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AUSTIN, LESLIE J
Address: 1744 FOX ROAD
City-St-Zip: PENSACOLA, FL 32503

Title: MGR () Delete
Name: GREEN, JAMES W
Address: 13936 PLAYA WAY
City-St-Zip: PERDIDO KEY, FL 32507

Title: MGR () Delete
Name: TRAWICK, STEPHEN C
Address: 1100-A AIRPORT BLVD.
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 GREEN

MGR

01/23/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date