

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000012151

1. Entity Name
WOODBINE COMMONS, L.L.C.



Principal Place of Business
**7741 N. MILITARY TRAIL
SUITE 1
PALM BEACH GARDENS, FL 33410**

Mailing Address
**7741 N. MILITARY TRAIL
SUITE 1
PALM BEACH GARDENS, FL 33410**



01062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1072248

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHICKEDANZ, W K
7741 N. MILITARY TRAIL
SUITE 1
PALM BEACH GARDENS, FL 33410**

**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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCHICKEDANZ CAPITAL GROUP, L.L.C.
7741 N. MILITARY TRAIL, SUITE 1
PALM BEACH GARDENS, FL 33410**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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U000000526002
05/04/06-80057-005 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 **W.K. Schickedanz, President, Schickedanz Capital Group, LLC
Managing Member, Woodbine Commons, LLC**

Date _____

Daytime Phone # _____

561-845-8797