

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90136 002 \*\*\*\*50.00

**DOCUMENT # L00000012151**

1. Entity Name

**WOODBINE COMMONS, L.L.C.**



Principal Place of Business

**7711 N. MILITARY TRAIL  
3RD FLR.  
PALM BEACH GARDENS FL 33410**

Mailing Address

**7711 N. MILITARY TRAIL  
3RD FLR.  
PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

**7741 N. Military Trail**

Suite, Apt. #, etc.

**Suite 1**

3. Mailing Address

**7741 N. Military Trail**

Suite, Apt. #, etc.

**Suite 1**

City & State

**Palm Beach Gardens, FL**

City & State

**Palm Beach Gardens, FL**

4. FEI Number

**65-1072248**

Applied For

Not Applicable

Zip

**33410**

Country

**US**

Zip

**33410**

Country

**US**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHICKEDANZ, W K  
7711 N. MILITARY TRAIL, 3RD FLR.  
PALM BEACH GARDENS FL 33410**

Name

Street Address (P.O. Box Number is Not Acceptable)

**7741 N. Military Trail, Suite 1**

City

**Palm Beach Gardens**

**FL**

Zip Code

**33410**

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

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SCHICKEDANZ CAPITAL GROUP, L.L.C.  
7711 N. MILITARY TRAIL, 3RD FLR.  
PALM BEACH GARDENS FL 33410** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**7741 N. Military Trail, Suite 1  
Palm Beach Gardens, FL 33410** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE

**WALDEMAR K. SCHICKEDANZ**

AUTHORIZED REPRESENTATIVE

01/22/03

Date

561-845-8797

Daytime Phone #

CR2E083 (10/02)