


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90128 029 \*\*\*\*50.00

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DOCUMENT # L00000014076					
1. Entity Name WOODLAND HILLS, LLC					
Principal Place of Business 1666 KENNEDY CAUSAWAY 610 NORTH BAY VILLAGE, FL 33141			Mailing Address 1666 KENNEDY CAUSAWAY 610 NORTH BAY VILLAGE, FL 33141		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03022006 Chg-LLC CR2E083 (11/05) 4. FEI Number 65-1064831 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SIMS, BAMBI 1666 KENNEDY 610 NORTH BAY VILLAGE, FL 33141			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR—	<input checked="" type="checkbox"/> Delete	TITLE	Manager	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THE STONE PROPERTIES INC		NAME	Henry Kowchik	
STREET ADDRESS	1666 KENNEDY CAUSAWAY #610		STREET ADDRESS	1666 Kennedy Cswy #610	
CITY-ST-ZIP	NORTH BAY VILLAGE, FL 33141		CITY-ST-ZIP	N. Bay Village, FL 33141	
TITLE		<input type="checkbox"/> Delete	TITLE	Manager	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Bambi Sims	
STREET ADDRESS			STREET ADDRESS	1666 Kennedy Cswy #610	
CITY-ST-ZIP			CITY-ST-ZIP	N. Bay Village, FL 33141	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Bambi Sims</u>			Date: <u>3/10/06</u> Daytime Phone #: <u>305-858-5881</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					