

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