

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000015772

1. Entity Name

WOOD DEVELOPMENT, L.L.C.



Principal Place of Business

850 AIRPORT RD.
PORT ORANGE, FL 32124-7414

Mailing Address

850 AIRPORT RD.
PORT ORANGE, FL 32128-7414



01082004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3689230

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOOD, JACK D
310 NORTH GLENCOE RD.
NEW SMYRNA, FL 32168

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WOOD, JACK D
STREET ADDRESS	310 NORTH GLENCOE RD.
CITY-ST-ZIP	NEW SMYRNA, FL 32168
TITLE	MGRM
NAME	WOOD, YVONNE
STREET ADDRESS	310 NORTH GLENCOE RD.
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	MGRM
NAME	WOOD, JONATHAN D
STREET ADDRESS	202 SOUTH STATE RD., 415
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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:

Yvonne Wood

Yvonne Wood

January 12, 2004 386 428-8999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #