

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015772

FILED
Feb 22, 2005
Secretary of State

Entity Name: WOOD DEVELOPMENT, L.L.C.

Current Principal Place of Business:

850 AIRPORT RD.
PORT ORANGE, FL 321247414

New Principal Place of Business:

170 SOUTH STATE ROAD 415
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

850 AIRPORT RD.
PORT ORANGE, FL 321287414

New Mailing Address:

170 SOUTH STATE ROAD 415
NEW SMYRNA BEACH, FL 32168

FEI Number: 59-3689230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: WOOD, JACK D
Address: 310 NORTH GLENCOE RD.
City-St-Zip: NEW SMYRNA, FL 32168

Title: MGRM () Delete
Name: WOOD, YVONNE
Address: 310 NORTH GLENCOE RD.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGRM (X) Delete
Name: WOOD, JONATHAN D
Address: 202 SOUTH STATE RD., 415
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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

MGRM

02/22/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date