

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000015826 1. Entity Name WOOD INVESTMENT ENTERPRISES, LLC					
Principal Place of Business C/O DONALDW. WOOD 216 CHESHIRE WAY NAPLES FL 34110			Mailing Address C/O DONALDW. WOOD 216 CHESHIRE WAY NAPLES FL 34110		
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 59-3694985 ☐ Applied For ☐ Not Applied	
5. Name and Address of Current Registered Agent				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
CLASP INC. 3001 TAMiami TRAIL NORTH 4TH FLOOR NAPLES FL 34103				7. Name and Address of New Registered Agent 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 _____ 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, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOOD, DONALD W 216 CHESHIRE WAY NAPLES FL 34110 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000410275 02/03/06-80028-023 50.00 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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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 exemptions contained in Section 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: Donald W Wood 1/26/06 239 514 5041