

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000049

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

FILED  
Apr 07, 2009  
Secretary of State

**Current Principal Place of Business:**

500 LUNALILO HOME RD  
26B  
HONOLULU, HI 96825 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 25494  
HONOLULU, HI 96825 US

**New Mailing Address:**

FEI Number: 65-1089731

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOOD, ROBERT A JR.  
500 LUNALILO HOME RD.  
26B  
HONOLULU, HI, FL 96825 US

**Name and Address of New Registered Agent:**

WOOD, ROBERT A JR.  
500 LUNALILO HOME RD.  
26B  
HONOLULU, FL 96825 US

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: \_\_\_\_\_

04/07/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WOOD, JR., ROBERT A  
Address: 500 LUNALILO HOME RD. 26B  
City-St-Zip: HONOLULU, HI 96825 US

Title: MGR ( ) Delete  
Name: WOOD, MARY E  
Address: 500 LUNALILO HOME RD 26B  
City-St-Zip: HONOLULU, HI 96825

**ADDITIONS/CHANGES:**

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 exemption stated in Chapter 119, 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: ROBERT WOOD

PRES

04/07/2009

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