

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000151

Entity Name: WOODCREST, LLC

FILED  
Feb 15, 2007  
Secretary of State

**Current Principal Place of Business:**

5604 HERITAGE BLVD  
WILDWOOD, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

425 W COLONIAL DR  
STE 204  
ORLANDO, FL 32804

**New Mailing Address:**

FEI Number: 59-3688703

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WOODS, JONATHAN D  
425 WEST COLONIAL DRIVE  
SUITE 204  
ORLANDO, FL 32804 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: WOODS, JONATHAN D  
Address: 425 W COLONIAL DR STE 204  
City-St-Zip: ORLANDO, FL 32804

Title: MGR (X) Delete  
Name: HUNT, BOBBY E  
Address: 425 W COLONIAL DR STE 204  
City-St-Zip: ORLANDO, FL 32804

**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 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: JONATHAN D. WOODS

MGR

02/15/2007

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