

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000000220

1. Entity Name
WOODFIELD APARTMENTS, L.L.C.



Principal Place of Business
7960 WOODFIELD TERRACE
HOBE SOUND, FL 33455

Mailing Address
P.O. BOX 3351
TEQUESTA, FL 33469



01042005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0786717

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RATHKE, R.C.
700 A1A HIGHWAY
JUPITER, FL 33477

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE PD
NAME RATHKE, R.C.
STREET ADDRESS 700 A1A HIGHWAY
CITY-ST-ZIP JUPITER, FL 33477

TITLE MGRM
NAME CARY, J.H.
STREET ADDRESS 700 A1A HIGHWAY
CITY-ST-ZIP JUPITER, FL 33477

TITLE MGRM
NAME RATHKE, CAROLA
STREET ADDRESS 700 A1A HIGHWAY
CITY-ST-ZIP JUPITER, FL 33477

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

000000315309
04/19/05-80031-002 50.00

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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:

R.C. Rathke R.C. RATHKE 2/1/05 561-7460980

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

Date

Daytime Phone #