....2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000005718

INWOOD HOLDING CO., L.L.C.



FILED Jan 20, 2004 08:00-AM **Secretary of State**

Principal Place of Business

870 CLARK STREET OVIEDO, FL 32765 Mailing Address

870 CLARK STREET OVIEDO, FL 32765



DO NOT WRITE IN THIS SPACE

01072004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3711713 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

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HULL, ALEX B 870 CLARK STREET OVIEDO, FL 32765

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.	
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SIGNATURE_

Signature, typed or printed name of registered egent and title if applicable.

(NOTE. Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLEMAN, DAVID G 285 CAROLYN DRIVE OVIEDO, FL 32765	U00000009132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HULL, ALEX B 348 REMINGTON DRIVE OVIEDO, FL 32765	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEWITT, ANDREW D 689 BEAR CREEK CT. WINTER SPRINGS, FL 32708	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUCK, EDWIN H III 1624 ONON-DAGA DRIVE GENEVA, FL 32732	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		——————————————————————————————————————

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119,07(3)(1). 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. OR AUTHORIZED REPRESENTATIVE