


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 14, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L01000012481</b> 1. Entity Name WOODS ISLAND, LLC																																										
Principal Place of Business 325 LAUREL ROAD EAST NOKOMIS, FL 34275		Mailing Address 325 LAUREL ROAD EAST NOKOMIS, FL 34275																																								
<b>DO NOT WRITE IN THIS SPACE</b>																																										
6. Name and Address of Current Registered Agent  BATTAGLIA, DOUGLAS S 1225 ROSEDALE ROAD VENICE, FL 34293		<b>DO NOT WRITE IN THIS SPACE</b>																																								
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																																										
Filing Fee is \$50.00 Due by May 1, 2006																																										
9. MANAGING MEMBERS/MANAGERS <table border="1"><tr><td>TITLE</td><td>MGR</td></tr><tr><td>NAME</td><td>BATTAGLIA, KARI A</td></tr><tr><td>STREET ADDRESS</td><td>1225 ROSEDALE ROAD</td></tr><tr><td>CITY-ST-ZIP</td><td>VENICE, FL 34293</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>		TITLE	MGR	NAME	BATTAGLIA, KARI A	STREET ADDRESS	1225 ROSEDALE ROAD	CITY-ST-ZIP	VENICE, FL 34293	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE	MGR																																									
NAME	BATTAGLIA, KARI A																																									
STREET ADDRESS	1225 ROSEDALE ROAD																																									
CITY-ST-ZIP	VENICE, FL 34293																																									
TITLE																																										
NAME																																										
STREET ADDRESS																																										
CITY-ST-ZIP																																										
TITLE																																										
NAME																																										
STREET ADDRESS																																										
CITY-ST-ZIP																																										
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 exemptions contained in Chapter 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE  Date <u>4/14/06</u> Daytime Phone # <u>941 270 1851</u>																																										



04102006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
65-1125028

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required