

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015318

FILED
May 09, 2007
Secretary of State

Entity Name: WOODLANDS VENTURES OF PENSACOLA, L.L.C.

Current Principal Place of Business:

21 E. GARDEN STREET SUITE NO. 200
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

21 E. GARDEN STREET SUITE NO. 200
PENSACOLA, FL 32501

New Mailing Address:

102 E NINE MILE RD
PENSACOLA, FL 32534

FEI Number: 59-3743257 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DEMARIA, F. BRIAN
21 E. GARDEN STREET
SUITE 207
PENSACOLA, FL 32501 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: MGRM () Delete
Name: QUALITY INVESTMENTS, AND BROKERAGE, INC.
Address: 21 E. GARDEN STREET SUITE NO. 200
City-St-Zip: PENSACOLA, FL 32501

Title: MGRM () Delete
Name: ERIC GELEATON REALTY, , INC.
Address: 102 E. 9 MILE ROAD
City-St-Zip: PENSACOLA, FL 32534

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: ERIC GLEATON

MGRM

05/09/2007

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