

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000017525 1. Entity Name WOD MANAGEMENT COMPANY, LLC		
Principal Place of Business 7509 EXCHANGE DRIVE ORLANDO, FL 32809	Mailing Address 7509 EXCHANGE DRIVE ORLANDO, FL 32809	
DO NOT WRITE IN THIS SPACE		 03242006 No Chg-LLC CR2E083 (11/05)
		4. FEI Number 59-3750381 Applied For Not Applicable
5. Name and Address of Current Registered Agent HARBERT, THOMAS R ESQ. MATEER & HARBERT, P.A. 225 EAST ROBINSON ST., STE. 600 ORLANDO, FL 32801		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
6. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE UD00000495008 04/20/06-80065-023 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEINFELD, VERA J 7509 EXCHANGE DRIVE ORLANDO, FL 32809	
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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 808, Florida Statutes.		
SIGNATURE: <u><i>VJ Steinfeld</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>3-31-06</u> Daytime Phone # <u>407 859 6634</u>