

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90126 006 \*\*\*138.75

<b>DOCUMENT # L01000020403</b> 1. Entity Name <b>WADSWORTH-O'NEAL PROPERTIES, L.L.C.</b>					
Principal Place of Business <b>6418 COMMERCE PARK DRIVE FT MYERS, FL 33996</b>			Mailing Address <b>6418 COMMERCE PARK DRIVE FT MYERS, FL 33996</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip <b>33966</b>	Country	Zip <b>33966</b>	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>O'NEAL, EDWARD J 6418 COMMERCE PARK DRIVE FORT MYERS, FL 33912</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code <b>33966</b></span> </div>		
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 LLC (Applicable) (NOTE: Registered Agent signature required when transferring)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR WADSWORTH, DANIEL H 6418 COMMERCE PARK DRIVE FT MYERS, FL 33966</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR O'NEAL, EDWARD J 6418 COMMERCE PARK DRIVE FT MYERS, FL 33966</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR WADSWORTH, LINDA L 6418 COMMERCE PARK DR FT MYERS, FL 33966</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR O'NEAL, PATRICIA F 6418 COMMERCE PARK DR FT MYERS, FL 33966</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					