2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Jan 23, 2008 08:00 A **DOCUMENT # L02000001094** Secretary of State 1. Entity Name FLORIDA WOODLAND, LLC Principal Place of Business Mailing Address 4127 NW 27TH LN. PO BOX 357845 SUITE A GAINESVILLE, FL 32635 GAINESVILLE, FL 32606 01102008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent LEE, DENNIS G DO NOT WRITE 4127 NW 27TH LN, SUITE A GAINESVILLE, FL 32606 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE U00000792653 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 01/24/08-80017-012 138.75 MANAGING MEMBERS/MANAGERS 9. MGR BHF NAME LEE, DENNIS G STREET ADDRESS 4127 NW 27TH LN, SUITE A CITY-ST-ZIP GAINESVILLE, FL 32606 JJTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

NAME STREET ADDRESS CITY-S1-ZIP

SIGNATURE:	m > d_	Dennis G. Lee	1/21/8	352-334-1976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE			Date	Daytime Phone #