

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001195

FILED
Mar 07, 2006
Secretary of State

Entity Name: WOOLEVER ORLANDO INVESTMENTS, LLC

Current Principal Place of Business:

21196 POWELL RD.
BROOKSVILLE, FL 34604

New Principal Place of Business:

21228 POWELL ROAD
BROOKSVILLE, FL 34604

Current Mailing Address:

P.O. BOX 10263
BROOKSVILLE, FL 34603

New Mailing Address:

FEI Number: 36-4500716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOLEVER, RAYMOND D
2008 NW 15TH ST.
CRYSTAL RIVER, FL 34428 US

Name and Address of New Registered Agent:

WOOLEVER, RAYMOND D
21228 POWELL ROAD
BROOKSVILLE, FL 34604 US

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: RAYAMOND D. WOOLEVER

03/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WOOLEVER, RAYMOND D
Address: 2008 NW 15TH ST.
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: MGRM () Delete
Name: WOOLEVER, SUSAN L
Address: 2008 NW 15TH ST.
City-St-Zip: CRYSTAL RIVER, FL 34428

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WOOLEVER, RAYMOND D
Address: 21228 POWELL ROAD
City-St-Zip: BROOKSVILLE, FL 34604

Title: MGRM (X) Change () Addition
Name: WOOLEVER, SUSAN L
Address: 21228 POWELL ROAD
City-St-Zip: BROOKSVILLE, FL 34604

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN L. WOOLEVER

MGRM

03/07/2006

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