## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000003542

1. Entity Name

WOODLAND LAKES APARTMENTS, LLC



04-29-2004 90068 010 \*\*\*\*50.00

**FILED** 

Apr 29, 2004 8:00 am Secretary of State

Principal Place of Business

6900 SOUTHPOINT DRIVE NORTH, STE: 250 JACKSONVILLE, FL 32216

Mailing Address

6900 SOUTHPOINT DRIVE NORTH; STE: 250 JACKSONVILLE, FL 32216



04282004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number	Applied For
02-0550501	Not Applicabl
5. Certificate of Status Desired	\$5.00 Additional Fee Required

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SANKERS, GUS 6900 SOUTHPOINT DRIVE NORTH, STE. 250 JACKSONVILLE, FL 32216

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	e named entity submits this statement for the purpose of changing its register tions of registered agent.	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE.				
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere	d Agent signature required when reinstating) DATE		
F	Filing Fee is \$50.00 Due by May 1, 2004			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOODLAND LAKES MANAGER, LLC 6900 SOUTHPOINT DRIVE NORTH, STE. 250 JACKSONVILLE, FL 32216			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME				

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Manager

Daytime Phone # 904-296-11