

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000003992	
1. Entity Name WILDWOOD DEVELOPERS, L.L.C.	

Principal Place of Business 729 S. FEDERAL HWY. SUITE 200 STUART FL 34994	Mailing Address 729 S. FEDERAL HWY. SUITE 200 STUART FL 34994
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent ZARRO, PASQUALE 729 S. FEDERAL HWY. SUITE 200 STUART FL 34994	
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4. FEI Number 03-0388728	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHAFER, MARTIN 1597 S. PORT ST. LUCIE BLVD. PORT SAINT LUCIE FL 34952 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000080009 03/08/04-80091-017 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BERTHIAUME, JR., ROBERT 729 S. FEDERAL HWY., STE 200 STUART FL 34994 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZARRO, PASQUELE 729 S. FEDERAL HWY., STE 200 STUART FL 34994 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORGINSTIN, ELI 1597 S. PORT ST. LUCIE BLVD. PORT SAINT LUCIE FL 34952 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Pasquale Zarro** 3-3-04 772-288-5251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #