

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 03, 2005 8:00 am
Secretary of State

06-03-2005 90426 020 ****50.00

DOCUMENT # L02000007845

1. Entity Name

WOODLAWN TERRACE, LLC



Principal Place of Business

701 WHITE BLVD.
INVERNESS FL 34453
US

Mailing Address

701 WHITE BLVD.
INVERNESS FL 34453
US



2. Principal Place of Business

200 South Woodlawn St
Suite, Apt. #, etc.

3. Mailing Address

5325 Emerson St
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/04)

City & State

St. Augustine, FL
Zip 32095 Country St. Johns

City & State

Jacksonville, FL
Zip 32207 Country Duval

4. FEI Number

02-0582955

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KENNEY, PAT
701 WHITE BLVD.
INVERNESS FL 34453

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

Signature, typed or printed name of registered agent and title if applicable

Nathaniel Orange, Managing Agent

Date

5/4/05

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME FLORIDA LOW INCOME HOUSING ASSOCIATES, INC
STREET ADDRESS 701 WHITE BLVD.
CITY-ST-ZIP INVERNESS FL 34453

TITLE ☐ Delete
NAME Managing Agent
STREET ADDRESS Orange Realty Co
CITY-ST-ZIP 5325 Emerson St
Jacksonville, FL 32207

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Nathaniel Orange

Nathaniel Orange, Managing Agent 5/4/05

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

Date Daytime Phone #