2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000007845

1. Entity Name
WOODLAWN TERRACE, LLC

Principal Place of Business	Mailing Address
200 SOUTH WOODLAWN ST SAINT AUGUSTINE, FL 32095 US	5325 EMERSON ST JACKSONVILLE, FL 32207 US

DO NOT WRITE IN THIS SPACE

01102008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
02-0582955	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

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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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	KENNEY, PAT
STREET ADDRESS	701 WHITE BLVD.
CITY-ST-ZIP	INVERNESS, FL 34453
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
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CITY-ST-ZIP	

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02/20/08-80016-013 138.75

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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.

SIGNATURE: _____ Vanessa A. Whitfield   2/6/08   (904)351-7535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #