2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 25 PM 12:35

DOCUMENT # L02000008938

1. Entity Name
WOODRUN EAST, LLC

Principal Place of Business	Mailing Address
9105 OLD ST AUGUSTINE RD TALLAHASSEE, FL 32311	9105 OLD ST AUGUSTINE RD TALLAHASSEE, FL 32311

2. Principal Place of Business	3. Mailing Address
~~Petrandis~~	~~Petrandis~~
Suite, Apt. #, etc. 4178 Apalachee Pkwy.	Suite, Apt. #, etc. 4178 Apalachee Pkwy.
City & State Tallahassee, FL 32311	City & State Tallahassee, FL 32311
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PETRANDIS, JOHNNY II 9105 OLD ST AUGUSTINE RD TALLAHASSEE, FL 32311	Name Johnny Petrandis II Street Address (P.O. Box Number is Not Acceptable) ~~4178 Apalachee Pkwy.~~ ~~Tallahassee, FL 32311~~ 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. (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, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	Pres	☐ Delete
NAME	Johnny Petrandis II	
STREET ADDRESS	4178 Apalachee Pkwy.	
CITY-ST-ZIP	Tallahassee, FL 32311	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	05/28/03 01076 021 1050.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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: [signature] 6/25/3
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #