

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90082 027 ***138.75

DOCUMENT # L02000012121					
1. Entity Name WILDWOOD PLAZA, LLC					
Principal Place of Business 4131 BOCA POINT DRIVE SARASOTA, FL 34238			Mailing Address 4131 BOCA POINT DRIVE SARASOTA, FL 34238		
2. Principal Place of Business - No P.O. Box # 1330 Main Street Suite, Apt. #, etc. # 9		3. Mailing Address 1330 Main Street Suite, Apt. #, etc. # 9			
City & State Sarasota, FL		City & State Sarasota, FL		4. FEI Number 02-0617538	
Zip 34236		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MEDLOCK, JESSE 4131 BOCA POINT DRIVE SARASOTA, FL 34238			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1330 Main Street # 9 City Sarasota FL Zip Code 34236		
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 \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEDLOCK INVESTMENTS, LLC 4131 BOCA POINT DRIVE SARASOTA, FL 34238		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1330 Main Street # 9 Sarasota, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ Jesse Medlock Jesse Medlock			3-17-08		991-371-6520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #