

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90156 039 \*\*\*\*50.00

**DOCUMENT # L02000025024**

1. Entity Name  
7132 WILDWOOD, LLC



Principal Place of Business  
1601 BELVEDERE ROAD  
SUITE 407 SOUTH  
WEST PALM BEACH, FL 33401

Mailing Address  
1601 BELVEDERE ROAD  
SUITE 407 SOUTH  
WEST PALM BEACH, FL 33401

**DO NOT WRITE IN THIS SPACE**

02272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
13-4228091

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MAPES, PAUL  
1601 BELVEDERE ROAD  
SUITE 407 SOUTH  
WEST PALM BEACH, FL 33406

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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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	METZ, JOHN
STREET ADDRESS	1601 BELVEDERE ROAD, SUITE 4075
CITY-ST-ZIP	WEST PALM BEACH, FL 33406

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

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:** \_\_\_\_\_

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

Date

Daytime Phone #

GARY BLOWME

4-4-07

561-684-2101