


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000001868 1. Entity Name WOODS VENTURES, L.L.C.	
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Principal Place of Business 1840 SOUTHEAST 41 TERRACE OCALA, FL 34471	Mailing Address 1840 SOUTHEAST 41 TERRACE OCALA, FL 34471
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 41-2074571	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  WOODS, WILLIAM R 1840 SOUTHEAST 41 TERRACE OCALA, FL 34471
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**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOODS, WILLIAM R 1840 SOUTHEAST 41 TERRACE OCALA, FL 34471
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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: William R. Woods Managing Member 01/04/07 352-237-0086  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #