

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90067 022 \*\*\*138.75

DOCUMENT # L03000001868  
 1. Entity Name  
 WOODS VENTURES, L.L.C.



Principal Place of Business  
 1840 SOUTHEAST 41 TERRACE  
 OCALA, FL 34471

Mailing Address  
 1840 SOUTHEAST 41 TERRACE  
 OCALA, FL 34471

60004094



2. Principal Place of Business - No P.O. Box #  
 1460 SE 42nd Avenue  
 Suite, Apt. #, etc.

3. Mailing Address  
 66 Shelton Springs Drive  
 Suite, Apt. #, etc.

01152008 Chg-LLC CR2E083 (12/06)

City & State  
 Ocala, FL

City & State  
 Hayesville, NC

4. FEI Number  
 41-2074571

Applied For  
 Not Applicable

Zip  
 34471

Country  
 Marion

Zip  
 28904

Country  
 Clay

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 WOODS, WILLIAM R  
 1840 SOUTHEAST 41 TERRACE  
 OCALA, FL 34471

7. Name and Address of New Registered Agent  
 Name  
 Dennis Robson  
 Street Address (P.O. Box Number is Not Acceptable)  
 1460 SE 42nd Avenue  
 City  
 Ocala FL Zip Code  
 34471

8. The above named party 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 *Dennis Robson* DATE 1-24-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOODS, WILLIAM R 1840 SOUTHEAST 41 TERRACE OCALA, FL 34471 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *William R. Woods* Managing Member DATE: 1/20/08 DAYTIME PHONE #: 828-389-0381

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