

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013879

Entity Name: WILDWOOD VILLAGES, LLC

FILED
Apr 08, 2005
Secretary of State

Current Principal Place of Business:

425 W. COLONIAL DRIVE, STE. 204
ORLANDO, FL 32804

New Principal Place of Business:

5604 HERITAGE BLVD.
WILDWOOD, FL 34785

Current Mailing Address:

425 W. COLONIAL DRIVE, STE. 204
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 81-0607781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODS, JONATHAN D ESQ
425 W. COLONIAL DRIVE, STE. 204
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: WOODS, JONATHAN D
Address: 425 W. COLONIAL DRIVE, STE. 204
City-St-Zip: ORLANDO, FL 32804

Title: MGR () Delete
Name: HUNT, BOB
Address: 425 W. COLONIAL DRIVE, STE. 204
City-St-Zip: ORLANDO, FL 32804

Title: MGR (X) Delete
Name: MCCARTHY, JAMES
Address: 425 W. COLONIAL DRIVE, STE. 204
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JONATHAN D. WOODS

MGR

04/08/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date