

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90069 021 ****50.00

DOCUMENT # L03000015386

1. Entity Name

WOODLAND DEVELOPMENT GROUP LLC



Principal Place of Business

**18400 W. DIXIE HIGHWAY
SUITE D
N. MIAMI FL 33160**

Mailing Address

**18400 W. DIXIE HIGHWAY
SUITE D
N. MIAMI FL 33160**

2. Principal Place of Business

3109 Ponce de Leon Blvd. 3109 Ponce de Leon Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE CR2E083 (11/03)

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

92-0193939

Applied For

Not Applicable

Zip
33134

Country
USA

Zip
33134

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LANE, PAUL J
2755 E. OAKLAND PARK BLVD.
SUITE D
FT. LAUDERDALE FL 33306**

7. Name and Address of New Registered Agent

Name

Michael S. Jones

Street Address (P.O. Box Number is Not Acceptable)

3109 Ponce de Leon Blvd.

City

Coral Gables

FL

Zip Code
33134

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 *Michael S. Jones*
Signature, typed or printed name of registered agent and title if applicable

Michael S. Jones, Manager

2-27-04

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **JSM HOLDING GROUP, INC.**
STREET ADDRESS **P.O. BOX 560114**
CITY-ST-ZIP **MIAMI FL 33256**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Michael S. Jones* **Michael S. Jones, Manager 2-27-04 (305)443-5422**

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

Date

Daytime Phone #