


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State


05-03-2004 90127 008 ****55.00

DOCUMENT # L03000027384	
1. Entity Name WOODSMART SOLUTIONS, L.L.C.	

Principal Place of Business 3237 CLINT MOORE ROAD, STE. 207 BOCA RATON, FL 33496	Mailing Address 3237 CLINT MOORE ROAD, STE. 207 BOCA RATON, FL 33496
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24063343

2. Principal Place of Business 3500 NW Boca Raton Blvd. Suite # 701 Boca Raton, FL 33487 Palm Beach	3. Mailing Address Same
City & State Boca Raton, FL	City & State
Zip 33487	Country Palm Beach

	
04282004 Chg-LLC	CR2E083 (10/03)
4. FEI Number 86-107-47-37	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent POLLOCK, KENNEHT S ESQ NEWMAN, POLLOCK & KLEIN, LLP 2101 NW CORPORATE BLVD., STE. 414 BOCA RATON, FL 33431	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Charles A. Morando 3500 NW Boca Raton Blvd #701 Boca Raton, FL 33431 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: Charles A. Morando **4-28-04** (561) 716-1972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #