## **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT** DOCUMENT # L03000028166 1. Entity Name

## FILED May 01, 2007 8:00 am Secretary of State 05-01-2007 90337 002 \*\*\*\*50.00

WOODY WOODS, L.L.C.		3						
Principal Place of Business  2502 N. ROCKY POINT DRIVE, STE. 1050 TAMPA, FL 33607  Mailing Address 2502 N. ROCKY POINT DRIVE, TAMPA, FL 33607		ORIVE, STE.	17049					N <b>ab</b> i et 1 <b>00</b> 1
Principal Place of Business - No P.O. Box #     3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.				04262007	Chg-LLC	CR2E0	83 (12/06)	
City & State	City & State			4. FEI Number 02-0703				pplied For ot Applicable
Zip Country	Zip	Country		5. Certificate of	of Status Desired		\$5.00 Add Fee Require	
Name and Address of Current Registered Agent		Nis	ame	7. Name and	Address of New I	Registered /	Agent	
STROHAUER, GARY N BAXTER, STROHAUER, MANNION & SILBERMAN, P.A 1150 CLEVELAND STREET, STE. 300 CLEARWATER, FL 33755		Stu	Street Address (P.O. Box Number is Not Acceptable)					
		Cit	ty			FL	Zip Cod	le
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  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE								
Filling Fee is \$50.00 Due by May 1, 2007  MANAGING MEMBERS/MANAGERS 10.					Florid	71.775	ayable to ent of Stat	
9. MANAGING MEMBE	Delete	TITLE			ADDITIONS	/CHANGES	☐ Change	Addition
NAME RYAN, JOHN M	S 2502 N. ROCKY POINT DRIVE, STE. 1050 STR		DRESS IP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete □ No SI CI		DRESS IP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete TIT NAI STF		DRESS IP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	1				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete TITLL NAM STRE		DRESS IP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP  11. I hereby certify that the information supplied with	CITY			o Chapter 140 5	Josido Chat and 16	author and f	☐ Change	Addition

limited liability company or the receiver or trustee empowered to execute this eport as required by Chapter 608, Florida Statutes.

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