

FROM :

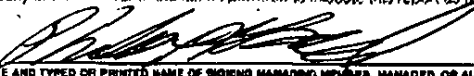
FAX NO. :

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FILED
May 13, 2005 8:00 am
Secretary of State

04-19-2005 90028 047 ****50.00

**2005 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L04000003300			
1. Entity Name: EXOTIC WOOD, L.L.C.			
Principal Place of Business 2335 TROPICALE SHORES DRIVE S.E. ST. PETERSBURG, FL 33705		Mailing Address 2335 TROPICALE SHORES DRIVE S.E. ST. PETERSBURG, FL 33705	
2. Principal Place of Business 2909 4th Street North Suite, Apt. #, etc.		3. Mailing Address P.O. Box 7866 Suite, Apt. #, etc.	
City & State St. Petersburg, Florida		City & State St. Petersburg, Florida	
Zip 33704	Country Pinellas	Zip 33734	Country Pinellas
4. FEI Number 32-0106380		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent MCLEOD, PHILIP A ESQ 340 4TH STREET NORTH ST. PETERSBURG, FL 33701		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 _____ DATE _____ Signature, if agent is current (none for registered agent and the 2 approved). NOTE: Registered Agent Signature is required when not making.			
Filing Fee is \$50.00 Due by May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Vinita Junior 2909 4th Street North St. Petersburg, FL 33704 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Member/Organizer ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 689, Florida Statutes.			
SIGNATURE: 		4/14/05 (727) 823-2527	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	

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01032005 Chg-LLC CR2E083 (10/03)