

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

03-16-2005 90293 013 ****50.00

DOCUMENT # L04000012966 1. Entity Name WILDWOOD COURT, LLC					
Principal Place of Business 5637 HIGHWAY 231, STE 6 PANAMA CITY FL 32404			Mailing Address 5637 HIGHWAY 231, STE 6 PANAMA CITY FL 32404		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 1st MOORE CR2E083 (10/04)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-1367499				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BURKE, M. TODD ESQ BURKE, BLUE & HUTCHISON, P.A. 215 GRAND BLVD, STE 101 DESTIN FL 32550				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 _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brian F. Lee / member ☐ Delete 8813 Silverleaf Ave panama city, FL 32409		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Iris B. Lee / member ☐ Delete 8813 Silverleaf Ave panama city, FL 32409		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-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)(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: <i>Brian F. Lee</i> Iris B. Lee			Date 3/3/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					