2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Mar 01, 2007 08:00 AM DOCUMENT # L04000012966 **Secretary of State** 1. Entity Namo WILDWOOD COURT, LLC Principal Place of Business Mailing Address 5637 HIGHWAY 231, STE 6 PANAMA CITY FL 32404 5637 HIGHWAY 231, STE 6 PANAMA CITY FL 32404 2. Principal Place of Businoss - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 20-1367499 Not Applicable Zip Country Country Zio \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, DOUGLAS L ESQ Street Address (P.O. Box Number is Not Acceptable) 221 MOKENZIE AVE PANAMA CITY FL 32401 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. THRE □ Deiete Change ☐ Addition NAME LEE, BRIAN F NAME STREET ADDRESS 8813 SILVERLEAF AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32409 <u>7 50 00</u> BILE ☐ Change ☐ Delete ☐ Addition HILE NAME LEE, IRIS B NAME STREET ADDRESS 8813 SILVERLEAF AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP PANAMA CITY FL 32409 TITLE ☐ Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ПŒ Delete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP IIILE Change Addition ☐ Delete ШŒ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP me ☐ Delete THILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby cortify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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.

Iris B. Lee

SIGNATURE:

2128107

Daytime Phone #