

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024578

**FILED**  
**Jan 15, 2005**  
**Secretary of State**

**Entity Name:** NORTH CENTRAL FLORIDA WOODLANDS LLC

**Current Principal Place of Business:**

P O BOX 12695  
GAINESVILLE, FL 32604 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 12695  
GAINESVILLE, FL 32604 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WOOD, JODI D  
7024 SW 18TH PLACE  
GAINESVILLE, FL 32607 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: WOOD, JODI D  
Address: P O BOX 12695  
City-St-Zip: GAINESVILLE, FL 32604 US

Title: MGRM ( ) Delete  
Name: WOOD, ALICE-FAYE G  
Address: P O BOX 12695  
City-St-Zip: GAINESVILLE, FL 32604 US

Title: MGRM (X) Delete  
Name: WOOD, DIANE C  
Address: P O BOX 12695  
City-St-Zip: GAINESVILLE, FL 32604 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JODI D. WOOD

MGRM

01/15/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date