2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 28, 2005
Secretary of State

DOCUMENT# L04000036212

Entity Name: 111 WOODLAWN LLC

Current Principal Place of Business:

8501 N LAGOON # 112
PANAMA CITY BEACH, FL 32407

New Principal Place of Business:

7940 FRONT BEACH RD, # 214
PANAMA CITY BEACH, FL 32407

Current Mailing Address:

8501 N LAGOON # 112
PANAMA CITY BEACH, FL 32407

New Mailing Address:

7940 FRONT BEACH RD, # 214
PANAMA CITY BEACH, FL 32407

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WILSON, MAUREEN T
8501 N LAGOON, # 112
PANAMA CITY BEACH, FL 32407 US

Name and Address of New Registered Agent:

WILSON, MAUREEN T
7940 FRONT BEACH RD, # 214
PANAMA CITY BEACH, FL 32407 US

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: MAUREEN WILSON 06/28/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WILSON, MAUREEN T
Address: 8501 N LAGOON # 112
City-St-Zip: PANAMA CITY BEACH, FL 32407

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WILSON, MAUREEN T
Address: 7940 FRONT BEACH RD, # 214
City-St-Zip: PANAMA CITY BEACH, FL 32407

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: MAUREEN WILSON MGR 06/28/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date