2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000037480

1. Entity Name
WAKULLA SHADOW OAKS LLC

Principal Place of Business	Mailing Address
201 MAGNOLIA RIDGE CRAWFORDVILLE, FL 32327	201 MAGNOLIA RIDGE CRAWFORDVILLE, FL 32327

DO NOT WRITE IN THIS SPACE

04052006No Chg-LLC CR2E083 (11/05)

4. FEI Number
55-0891078
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CONLIN, JOHN L
3519 N. MERIDIAN RD
TALLAHASSEE, FL 32312

DO NOT WRITE IN THIS SPACE

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 _____ 04/05/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	CONLIN, JOHN L
STREET ADDRESS	3519 N. MERIDIAN RD
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	MGRM
NAME	STREETY, V.E.
STREET ADDRESS	201 MAGNOLIA RIDGE
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000497435
04/22/06-80053-015 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE: _____ JOHN L. CONLIN MGRM 04/05/06 8605456335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #