

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 201 MAGNOLIA RIDGE CRAWFORDVILLE, FL 32327	Mailing Address 201 MAGNOLIA RIDGE CRAWFORDVILLE, FL 32327
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DO NOT WRITE IN THIS SPACE



04052006 No Chg-LLC

CR2E083 (11/05)

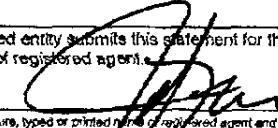
4. FEI Number 55-0891078	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

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  DATE **04/05/06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$50.00
Due by May 1, 2006**

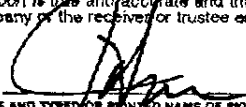
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONLIN, JOHN L 3519 N. MERIDIAN RD TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STREET, V.E. 201 MAGNOLIA RIDGE CRAWFORDVILLE, FL 32327
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04/22/06-80053-015 50.00

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** DATE **04/05/06** DAYTIME PHONE # **860 575 6325**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE