2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# L04000040374

Entity Name: G.A. WOOD INVESTMENTS, LLC

Current Principal Place of Business:

2755 CANOE LANE
NORTH PORT, FL 34286

New Principal Place of Business:

6245 CLARK CENTER AVE
SUITE R
SARASOTA, FL 34238

Current Mailing Address:

2755 CANOE LANE
NORTH PORT, FL 34286

New Mailing Address:

6245 CLARK CENTER AVE
SUITE R
SARASOTA, FL 34238

FEI Number: 11-3726975 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERRON, ANDRE R
2808 MANATEE AVENUE WEST,
BRADENTON, FL 34205 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/MANAGERS:

Title:	MGRM	( ) Delete
Name:	WOOD, GARY A	
Address:	2755 CANOE LANE	
City-St-Zip:	NORTH PORT, FL 34286	
Title:	MGRM	( ) Delete
Name:	WOOD, JEANINE L	
Address:	2755 CANOE LANE	
City-St-Zip:	NORTH PORT, FL 34286	
Title:	MGRM	( ) Delete
Name:	WOODRUFF, ROBERT	
Address:	3271 S. CHAMBERLAIN	
City-St-Zip:	NORTH PORT, FL 34286	

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 Chapter 119, 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: JEANINE WOOD MGRM 04/24/2006

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