


2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 08, 2006 08:00 A.
Secretary of State

DOCUMENT # L04000069252 1. Entity Name WOOD CREATIONS LLC	
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Principal Place of Business 707 WEST MOODY BLVD BUNNELL, FL 32110	Mailing Address 707 WEST MOODY BLVD BUNNELL, FL 32110
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DO NOT WRITE IN THIS SPACE



05042006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1649827	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent AFINCAO, LAWRENCE J 707 WEST MOODY BLVD BUNNELL, FL 32110	DO NOT WRITE IN THIS SPACE
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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 _____
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 September 6, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AFINCAO, LAWRENCE L 707 WEST MOODY BLVD BUNNELL, FL 32110
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05/20/06-80032-021 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 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____