2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 29, 2008 8:00 am Secretary of State DOCUMENT # L04000091876 04-29-2008 90030 012 ***138.75 1. Entity Name WOODLANDS CONSTRUCTION SERVICES, LLC Principal Place of Business Mailing Address 60031651 8210 LAKEWOOD RANCH BLVD. 8210 LAKEWOOD RANCH BLVD. BRADENTON, FL 34202 BRADENTON, FL 34202 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02262008 Chg-LLC CR2E083 (12/06) City & State Applied For 4. FEI Number City & State NOT APPLICABLE Not Applicable Zip Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent James R. Schier VOGLER ASHTON, PLLC Street Address (P.O. Box Number is Not Acceptable) 1771 MANATEE AVE. W BRADENTON, FL 34205 AKEWOOD RANCH of changing its registered office or registered agent, or both, in the State of Florida. I am familiar 8. The above named entity submits the obligations of registered ag (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 Florida Department of State After May 1, 2008 Fee will be \$538.75 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGRM Change ☐ Addition ☐ Delete TITLE TIT! F NEAL, PATRICK K NAME NAME 8210 LAKEWOOD RANCH BLVD. STREET ADDRESS STREET ADDRESS BRADENTON, FL 34202 CITY-ST-ZIP CITY-ST-7IP MGR ☐ Change ■ Addition ☐ Delete TITLE SCHIER, JAMES R NAME NAME 8210 LAKEWOOD RANCH BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 34202 ☐ Delete ☐ Change ■ Addition TITLE NAME HEIM, PRISCILLA G NAME 8210 LAKEWOOD RANCH BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34202 CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 accepted 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 received or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MEMBER MANAGER OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #