

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90178 023 ****50.00

DOCUMENT # L04000091934

1. Entity Name

WILLOWOAK DEVELOPMENT, LLC



Principal Place of Business
8100 NW 15 PLACE
GAINESVILLE FL 32606

Mailing Address
8100 NW 15 PLACE
GAINESVILLE FL 32606



2. Principal Place of Business

3. Mailing Address

19921 W. Newberry Rd PO Box 718
Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State
Newberry FL

City & State
Newberry FL

4. FEI Number
20-2664254

Applied For
Not Applicable

Zip Country
32669 Michigan

Zip Country
32669 Michigan

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEMPTON, JEFF
8100 NW 15 PLACE
GAINESVILLE FL 32606

Name
Kevin Coleman
Street Address (P.O. Box Number is Not Acceptable)

19921 W. Newberry Rd
City Newberry FL Zip Code 32669

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)

1/24/06

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUDSON, JAMES 15471 NW 46TH LANE CHIEFLAND FL 62626	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUDSON, BRUCE 11801 SW 3 AVE. GAINESVILLE FL 32607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEMPTON, JEFF 8100 NW 15 PLACE GAINESVILLE FL 32606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLEMAN, KEVIN PO BOX 718 NEWBERRY FL 32669	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Paul K. Coleman

1/24/06 (352) 472-4114