

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000091934

1. Entity Name
WILLOWOAK DEVELOPMENT, LLC



Principal Place of Business

**19921 W. NEWBERRY RD
NEWBERRY, FL 32669**

Mailing Address

**P.O. BOX 718
NEWBERRY, FL 32669**



02102007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2664254

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COLEMAN, KEVIN
19921 W. NEWBERRY RD
NEWBERRY, FL 32669**

**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 _____

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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

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

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03/27/07-80018-005 50.00

**DO NOT WRITE
IN THIS SPACE**

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

Overtime/Phone #

Paul Kevin Coleman 3/12/07 (352) 412-5517