


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**



**FAX FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000091934</b> 1. Entity Name WILLOWOAK DEVELOPMENT, LLC	
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Principal Place of Business 19921 W. NEWBERRY RD NEWBERRY, FL 32669	Mailing Address P.O. BOX 718 NEWBERRY, FL 32669
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01102008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2664254	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  COLEMAN, KEVIN 19921 W. NEWBERRY RD NEWBERRY, FL 32669
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**DO NOT WRITE  
IN THIS SPACE**

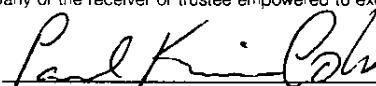
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000913077  
05/08/08-80001-021 138.75

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	

**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: 	4/17/08 (352) 472-5517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #