

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000092002**

**1. Entity Name**  
WOODLAWN LAKES, LLC



**Principal Place of Business**  
140-B NORTH ONE DRIVE  
ST. AUGUSTINE, FL 32095

**Mailing Address**  
140-B NORTH ONE DRIVE  
ST. AUGUSTINE, FL 32095



01252006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
57-1215666

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

MCCUMBER, GARY  
140-B NORTH ONE DRIVE  
ST AUGUSTINE, FL 32095

**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, 2006**

000000404396  
02/06/06-80044-020 50.00

**9. MANAGING MEMBERS/MANAGERS**

**TITLE** MGR  
**NAME** MCCUMBER, GARY  
**STREET ADDRESS** 140-B NORTH ONE DRIVE  
**CITY - ST - ZIP** ST AUGUSTINE, FL 32095

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**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 #**