

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004527

FILED  
Jan 14, 2008  
Secretary of State

Entity Name: WOODS FAMILY MANAGEMENT, LLC

**Current Principal Place of Business:**

3805 DRANE FIELD ROAD  
LAKELAND, FL 33811

**New Principal Place of Business:**

**Current Mailing Address:**

3805 DRANE FIELD ROAD  
LAKELAND, FL 33811

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LASMAN, JEFFREY M ESQ  
LASMAN LAW FIRM, P.A.  
6152 DELANCEY STATION STREET  
RIVERVIEW, FL 33569 US

**Name and Address of New Registered Agent:**

LASMAN, JEFFREY M ESQ  
LASMAN LAW FIRM, P.A.  
6152 DELANCEY STATION STREET  
RIVERVIEW, FL 33578 US

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.

SIGNATURE: JEFFREY M. LASMAN

01/14/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WOODS, MARK A  
Address: 3805 DRANE FIELD ROAD  
City-St-Zip: LAKELAND, FL 33811

Title: MGRM ( ) Delete  
Name: WOODS, CHRISTOPHER A  
Address: 3805 DRANE FIELD ROAD  
City-St-Zip: LAKELAND, FL 33811

Title: MGRM ( ) Delete  
Name: WOODS, JAMIE L  
Address: 3805 DRANE FIELD ROAD  
City-St-Zip: LAKELAND, FL 33811

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEFFREY M. LASMAN

RA

01/14/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date