
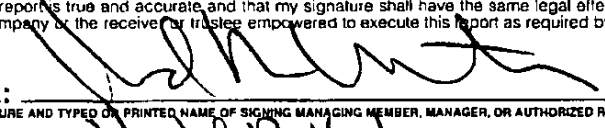
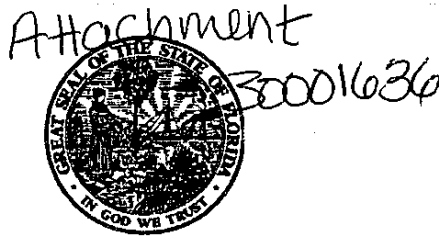


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

02-09-2006 90153 027 ****50.00

DOCUMENT # L05000011588																																																																	
1. Entity Name WOODFIELD SQUARE, LLC																																																																	
Principal Place of Business 13540 N. FLORIDA AVENUE SUITE 201 TAMPA FL 33613			Mailing Address 13540 N. FLORIDA AVENUE SUITE 201 TAMPA FL 33613																																																														
2. Principal Place of Business			3. Mailing Address																																																														
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																														
City & State			City & State																																																														
Zip	Country	Zip	Country	4. FEI Number 65-0136727																																																													
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																													
6. Name and Address of Current Registered Agent KOSTER, HAROLD R 13540 N. FLORIDA AVENUE SUITE 201 TAMPA FL 33613				7. Name and Address of New Registered Agent																																																													
				Name																																																													
				Street Address (P.O. Box Number is Not Acceptable)																																																													
				City	FL Zip Code																																																												
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 _____ (NOTE: Registered Agent signature required when re-statuting)																																																																	
<div style="text-align: center;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 </div>																																																																	
<table border="1"> <thead> <tr> <th colspan="3">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS CITY - ST - ZIP</td> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS CITY - ST - ZIP</td> </tr> <tr> <td></td> <td>M.R. Koster, Harold R</td> <td>13540 N. Florida Ave, 201</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Tampa, FL 33613</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	NAME	STREET ADDRESS CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS CITY - ST - ZIP		M.R. Koster, Harold R	13540 N. Florida Ave, 201						Tampa, FL 33613																																							
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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: 																																																																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																	
Date 1/25/06 Daytime Phone # 781-932-6811																																																																	



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2006

WOODFIELD SQUARE, LLC
13540 N. FLORIDA AVENUE
SUITE 201
TAMPA, FL 33613

Subject: **WOODFIELD SQUARE, LLC**

Reference Number: **L05000011588**

Please be advised, we ~~have received~~ your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE
ANNUAL REPORTS SECTION