

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000017711

FILED
May 02, 2007
Secretary of State

Entity Name: WILLOW WOOD ACRES, LLC

Current Principal Place of Business:

12641 N. STONEBROOK CIRCLE
DAVIE, FL 33330

New Principal Place of Business:

Current Mailing Address:

12641 N. STONEBROOK CIRCLE
DAVIE, FL 33330

New Mailing Address:

FEI Number: 32-0141252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZVEIBIL, SALLY DOROTHY
12641 N. STONEBROOK CIRCLE
DAVIE, FL 33330 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AFFLECK FINANCIAL, I, NC.
Address: 1114 EAST JOHN SIMS PARKWAY
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM () Delete
Name: AUTO BUYER, INC.,
Address: 12641 N. STONEBROOK CIRCLE
City-St-Zip: DAVIE, FL 33330

Title: MGRM () Delete
Name: SHALEV ENTERPRISES,, LLC
Address: 3213 VILLA PISANI CT.
City-St-Zip: N. LAS VEGAS, NV 890031

Title: MGRM () Delete
Name: VIBRANT HEALTH & PRO, SPERITY LLC
Address: 214 BLUESKI GEORGE CRESCENT, UNIT 51
City-St-Zip: COLLINGWOOD, ON L9Y3Z2, ON CANADA XX

Title: MGRM () Delete
Name: GUARDIAN INVESTORS &, ASSOCIATES
Address: 441 OLD ORCHARD DRIVE
City-St-Zip: TORONTO, ON M5M 2G3, ON CANADA XX

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:

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

Title: MGRM (X) Change () Addition
Name: GEORGIAN EMPIRE MANA, GEMENT, INC.
Address: 441 OLD ORCHARD DRIVE
City-St-Zip: TORONTO, ON M5M 2G3, ON CANADA XX

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: SALLY DOROTHY ZVEIBIL

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05/02/2007

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