

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 MAY 24 P 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000023130

1. Entity Name  
WILDWOOD PLANTATION, LLC



Principal Place of Business  
4501 BEVERLY AVENUE  
JACKSONVILLE, FL 32210

Mailing Address  
4501 BEVERLY AVENUE  
JACKSONVILLE, FL 32210



04202007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #  
5851 TIMUQUANA Rd

3. Mailing Address

5851 TIMUQUANA Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

301

301

City & State

City & State

JACKSONVILLE FL

JACKSONVILLE FL

Zip

Zip

32210

Country

DUVAL

32210

Country

DUVAL

4. FEI Number  
59-3800356

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATLEE, KENYON S  
4501 BEVERLY AVENUE  
JACKSONVILLE, FL 32210

Name

Street Address (P.O. Box Number is Not Acceptable)

5851 TIMUQUANA Rd. Ste 301

City

JACKSONVILLE

FL

Zip Code

32210

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, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
KENDALE G P., INC.  
4501 BEVERLY AVE  
JACKSONVILLE, FL 32210 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
5851 TIMUQUANA Rd Ste 301  
JACKSONVILLE FL 32210 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100103589751  
05/31/07--01002--015 \*\*1511.25 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Kenyon S. Atlee*

KENYON S. ATLEE

4-25-07

904-384-6964