2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000023130

1. Entity Name

WILDWOOD PLANTATION, LLC



Principal Place of Business

5851 TIMUQUANA RD., STE 301 JACKSONVILLE, FL 32210

Mailing Address

5851 TIMUQUANA RD., STE 301 JACKSONVILLE, FL 32210

FILED Apr 23, 2008 8:00 am Secretary of State

04-23-2008 90128 006 ***138.75

60027445



DO NOT WRITE IN THIS SPACE

04162008 No Chg-LLC

CR2E083 (12/07)

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

ATLEE, KENYON S 5851 TIMUQUANA RD., STE 301 JACKSONVILLE, FL 32210

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 The above named entity submits this statement for the purpose of cha the obligations of registered agent. 	inging its registered office or registered agent, or both, in the	3 State of Florida. Tam ramiliar with, and acce	p
SIGNATURE Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE	
FILE NOWILL FEE IS \$138.75			

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	KENDALE G P., INC.
STREET ADDRESS	5851 TIMUQUANA RD., STE 301
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11. I hereby	certify that the information supplied with this filing does not qualify for the e.

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DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 acceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

4/17

904 2846964

Daytime Phone #