

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023158

FILED
May 01, 2007
Secretary of State

Entity Name: WOOLDRIDGE PROPERTIES, LLC

Current Principal Place of Business:

311 FERN CLIFF AVENUE
TEMPLE TERRACE, FL 33617

New Principal Place of Business:

Current Mailing Address:

311 FERN CLIFF AVENUE
TEMPLE TERRACE, FL 33617

New Mailing Address:

FEI Number: 20-2809664 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JOYCE, JERRY
204 N. MACDILL AVENUE
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

WOOLDRIDGE, BETTY K
311 FERN CLIFF AVENUE
TEMPLE TERRACE, FL 33617 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: BETTY K. WOOLDRIDGE

05/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MANA () Delete
Name: WOOLDRIDGE, BETTY K
Address: 311 FERN CLIFF AVENUE
City-St-Zip: TEMPLE TERRACE, FL 33617 US

Title: MEMB () Delete
Name: WOOLDRIDGE, DAVID P
Address: 6009 CATLIN DRIVE
City-St-Zip: TAMPZ, FL 33647 US

ADDITIONS/CHANGES:

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

Title: MEMB (X) Change () Addition
Name: WOOLDRIDGE, DAVID P
Address: 6009 CATLIN DRIVE
City-St-Zip: TAMPA, FL 33647 US

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: BETTY K. WOOLDRIDGE

MANA

05/01/2007

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