

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90022 042 ****50.00

20022409



DOCUMENT # L05000027188 1. Entity Name LAKE WILDWOOD VENTURES, LLC					
Principal Place of Business 73 S. PALM AVENUE #223 SARASOTA, FL 34236			Mailing Address 73 S. PALM AVENUE #223 SARASOTA, FL 34236		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MIDDLEBROOKS, J. HUGH 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236			Name ANGUS C. ROGERS Street Address (P.O. Box Number is Not Acceptable) 73 SOUTH PALM AVE SUITE 223 City SARASOTA FL Zip Code 34236		
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 <i>Angus C. Rogers</i> (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to: Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> MANAGING MEMBER NERBONNE NORTH DEVELOPMENT CORP 73 SOUTH PALM AVE, SUITE 223 SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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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 608, Florida Statutes.					
SIGNATURE: <i>Angus C. Rogers</i> ANGUS C. ROGERS, PRES			15 MAR 06 941 362-9377		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		