

FILED
Jun 30, 2006 8:00 am
Secretary of State

05-03-2006 90038 023 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000047262					
1. Entity Name WOODS OF ORTEGA, LLC					
Principal Place of Business 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210		Mailing Address 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3679819	
				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 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reappointing) 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	Managing Member Atlee, Kenyon S. 4501 Beverly Avenue Jacksonville, Florida 32210 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER KENDALE G.P., INC. 4501 BEVERLY AVE. JACKSONVILLE, FL 32210 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Crisp, Dale K. 4501 Beverly Avenue Jacksonville, Florida 32210 ☒ 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	☐ Change ☐ Addition		
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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 608, Florida Statutes.					
SIGNATURE: 		Kenyon S. Atlee, 904 384-6964 April 18, 2006			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER		Daytime Phone #			

30011414



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