

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90064 030 \*\*\*138.75

**DOCUMENT # L05000048903**

**1. Entity Name**  
**WOODLAND VISTA ESTATES, LLC**



**Principal Place of Business**  
**2101 NORTH ANDREWS AVE**  
**SUITE 107**  
**WILTON MANORS, FL 33311**

**Mailing Address**  
**2101 NORTH ANDREWS AVE**  
**SUITE 107**  
**WILTON MANORS, FL 33311**

**2. Principal Place of Business - No P.O. Box #**  
**1400 E Oakland Park Blvd**

**3. Mailing Address**  
**1400 E Oakland Park Blvd**

**Suite, Apt. #, etc.**  
**Suite 210**

**Suite, Apt. #, etc.**  
**Suite 210**

**City & State**  
**Oakland Park, FL**

**City & State**  
**Oakland Park, FL**

**Zip**  
**33334**

**Country**  
**USA**

**Zip**  
**33334**

**Country**  
**USA**

04082008 Chg-LLC CR2E083 (12/06)

**4. FEI Number**  
**20-2860690**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**COKER, RICHARD G JR., ESQ**  
**1404 SOUTH ANDREWS AVENUE**  
**FORT LAUDERDALE, FL 33316-1840**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

**DATE**

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

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGR**  
**NICO DEVELOPMENT, INC.**  
**2101 NORTH ANDREWS AVE SUITE 107**  
**WILTON MANORS, FL 33311** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

**10. ADDITIONS/CHANGES**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☒ Change ☐ Addition  
**1400 E Oakland Park Blvd - Suite 210**  
**Oakland Park, FL 33334-4400**

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

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

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

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

**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:** *J.M. Beeson Jr* **J.M. Beeson Jr** **4/2/08** **9545638953**

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

Date

Daytime Phone #