

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

1047 FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000049486 1. Entity Name WILDWOOD 350 LLC					
Principal Place of Business 9625 WES KEARNEY WAY RIVERVIEW, FL 33569			Mailing Address 9625 WES KEARNEY WAY RIVERVIEW, FL 33569		
2. Principal Place of Business - No P.O. Box # 5115 JOANNE KEARNEY BLVD.		3. Mailing Address P.O. BOX 5299			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State TAMPA, FL.		City & State TAMPA, FL.		4. FEI Number 20-2855595	
Zip 33619		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 33619		Country USA		6. Name and Address of Current Registered Agent HARRIS, TRACY J JR 9625 WES KEARNEY WAY RIVERVIEW, FL 33569	
7. Name and Address of New Registered Agent Name JAMES M. REED		Street Address (P.O. Box Number is Not Acceptable) 5115 JOANNE KEARNEY BLVD.			
City TAMPA		State FL		Zip Code 33619	
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 <u><i>[Signature]</i></u> DATE <u>4/23/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARRIS, TRACY J JR 9625 WES KEARNEY WAY RIVERVIEW, FL 33569	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEARNEY, BING W JR 9625 WES KEARNEY WAY RIVERVIEW, FL 33569	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 400103095204 05/23/07--01010--008 **550.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>[Signature]</i></u> <u>4/23/07</u> <u>(813) 435-7105</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					