

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

194
FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000088309 1. Entity Name WOOD CREEK AND REGENCY PARK, LLC	
---	---

Principal Place of Business C/O NEWPORT PROPERTY VENTURES, LTD. 3211 PONCE DE LEON BLVD., SUITE 202 CORAL GABLES, FL 33134	Mailing Address C/O NEWPORT PROPERTY VENTURES, LTD. 3211 PONCE DE LEON BLVD., SUITE 202 CORAL GABLES, FL 33134
--	--



01282008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2178731	Applied For ☐ Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent SCURTIS, CONSTANTINE J 3211 PONCE DE LEON BLVD., SUITE 202 % NEWPORT PROPERTY VENTURES, LTD. CORAL GABLES, FL 33134 3211

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE

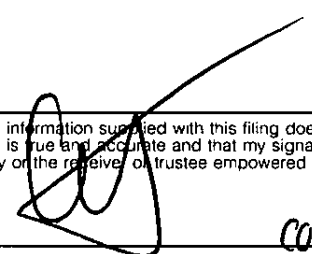
**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000930965
05/21/08-80130-004 638.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCURTIS, CONSTANTINE 3211 PONCE DE LEON BLVD. STE 202 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **Constantine J. Scurtis** **2/19/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #