

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000090572

1. Entity Name  
WILDWOOD PLANTATION INVESTMENTS, LLC



FILED

2007 MAY 24 P 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4501 BEVERLY AVENUE  
JACKSONVILLE, FL 32210

Mailing Address  
4501 BEVERLY AVENUE  
JACKSONVILLE, FL 32210

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-3459914

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATLEE, KENYON S  
4501 BEVERLY AVENUE  
JACKSONVILLE, FL 32210

Name

Street Address (P.O. Box Number is Not Acceptable)

5851 TIMUGUANA ROAD  
Suite 301

City

FL

Zip Code

32210

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

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 MGRM ☒ Delete  
NAME ATLEE, KENYON S  
STREET ADDRESS 4501 BEVERLY AVENUE  
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE MGR ☒ Change ☒ Addition  
NAME KENDALE G.P. INC  
STREET ADDRESS 5851 TIMUGUANA ROAD STE 301  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE MGR ☒ Delete  
NAME CRISP, DALE K  
STREET ADDRESS 4501 BEVERLY AVENUE  
CITY-ST-ZIP JACKSONVILLE, FL 32210

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

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

Date

Daytime Phone #

KENYON S. ATLEE

4-25-07

904-384-6964