2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 27, 2006 8:00 am Secretary of State

| | AMMOAL | IXET OIX | | | | | SCCICE | агус | n > 0 | aic | |
|--|---|--|------------|--|---|--|----------------------------------|---------------------------|--------------------------------|------------|--|
| 1. Entity Nam | MENT # L05000091 odside llc | 72 | | | | | 02-27-2006 | • | | | |
| Principal Plac 17269 BERN BOCA RATON | MUDA VILLAGE DRIVE | Mailing Address 17269 BERMUDA VILLAGE DRIVE BOCA RATON, FL 33487 | | | | | 23 121 2121 2221 2211 221 | II GBI(B 15161 1161 | | 0812 | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 02162006 | Chg-LLC | CR2E08 | 3 (11/05) | | |
| City & State | | City & State | | | | 4. FEI Number Applied For 20–3533294 Not Applied | | | | · | |
| Zip Country | | Zìp Count | | try | | Certificate of Status Desired | | | \$5.00 Additional Fee Required | | |
| | 6. Name and Address of Current | egistered Agent Name | | | | 7. Name and Address of New Registered Agent | | | | | |
| 120 E. PAI | /E & ROSENTHAL LLP _METTO PARK ROAD, SUITE TON, FL 33432-4845 | 450 | | et Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| | named entity submits this statement for ions of registered agent. | the purpose of changing its r | registere | | register | ed agent, or bot | h, in the State of Flo | FL orida. I am fa | · . | | |
| SIGNATURE . | Signature, typed or printed name of registered agent a | not title if applicable (NOTE | Registered | 1 Agent signatu | re required | when reinstating) | | DATE | | | |
| | iling Fee is \$50.00 ue by May 1, 2006 | | | | | : | | ce check pa a Departme | | | |
| 9. | MANAGING MEMBE | RS/MANAGERS | 10. | | | | ADDITIONS | /CHANGES | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | INDART-GILBERT, OLGA 17269 BERMUDA VILLAGE DRIVE | | | | MGR Gilbert, Bert 17629 Bermuda Village Dri Boca Raton, FL 33487 | | | | ☐ Change | ★ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | NA ST | | | | | | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | | | 10 W | ttone, A Joodside | Place | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | 11011 | | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Oelete | • | | | , | | • | ☐ Change | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Defete | | | | | | | ☐ 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: Bet Delfert 2/17/06

ATTACHMENT REDGRAVE & ROSENTHAL LLP

ATTORNEYS AT LAW

120 EAST PALMETTO PARK ROAD SUITE 450 BOCA RATON, FLORIDA 33432-4845

TELEPHONE (561) 347-1700 FACSIMILE (561) 391-9944

JANET M. MOSTYN, CLA Certified Legal Assistant

+65000091612

February 23, 2006

Florida Division of Corporations P.O. Box 6478 Tallahassee, FL 32314

Re:

Our File No. 31843-00001

OIG Woodside LLC

Dear Sir or Madam:

Enclosed is the 2006 Limited Liability Corporation Annual Report, together with a check in the amount of \$50.00 for the filing fee.

Very truly yours,

Yanet M. Mostyn, CLA

Certified Legal Assistant

/jmm Enclosures

cc:

Bert Gilbert