

# ANNUAL REPORT (AR)

DOCUMENT # L05000091672

1. Entity Name

OIG WOODSIDE LLC



**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business  
17269 BERMUDA VILLAGE DRIVE  
BOCA RATON FL 33487

Mailing Address  
17269 BERMUDA VILLAGE DRIVE  
BOCA RATON FL 33487



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

1st MOORE

CR2E083 (10/06)

4. FEI Number  
20-3533294

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

REDGRAVE & ROSENTHAL LLP  
120 E. PALMETTO PARK ROAD, SUITE 450  
BOCA RATON FL 33432-4845

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's signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
GILBERT, BERT  
17629 BERMUDA VILLAGE DRIVE  
BOCA RATON FL 33487 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
U00000662522  
03/21/07-80015-024 50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
RICOTTONE, AMANDA  
10 WOODSIDE PLACE  
HOLMDEL NJ 07733 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
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☐ Change ☐ Addition

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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 Section 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: *Bert Gilbert*

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

Date

Daytime Phone #