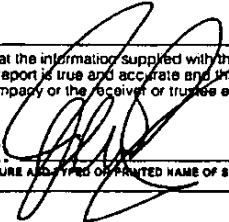


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

03-22-2006 90287 049 ****50.00

DOCUMENT # L05000103095 1. Entity Name WILDWOOD GOLF, LLC			
Principal Place of Business 3870 COASTAL HIGHWAY CRAWFORDVILLE, FL 32327 US		Mailing Address 3870 COASTAL HIGHWAY CRAWFORDVILLE, FL 32327 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1570 Suite, Apt. #, etc.	
City & State Zip		City & State Crawfordville, FL Zip 32326	
Country USA		4. FEI Number 20-3654540	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent LENTZ, JOHN W VII 3870 COASTAL HIGHWAY CRAWFORDVILLE, FL 32327		7. Name and Address of New Registered Agent 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 signature required when renewing)			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE OWNER - VICE PRESIDENT ☐ Delete	TITLE ☐ Change ☐ Addition		
NAME Joseph B. BARRY	NAME ☐ Change ☐ Addition		
STREET ADDRESS 177 Lowesome Rd	STREET ADDRESS ☐ Change ☐ Addition		
CITY-ST-ZIP CRAWFORDVILLE, FL 32327	CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE OWNER - TREASURER ☐ Delete	TITLE ☐ Change ☐ Addition		
NAME GERALD W. THOMPSON	NAME ☐ Change ☐ Addition		
STREET ADDRESS 1136 McLOOK Rd	STREET ADDRESS ☐ Change ☐ Addition		
CITY-ST-ZIP QUINCY, FL 32351	CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE OWNER - PRESIDENT ☐ Delete	TITLE ☐ Change ☐ Addition		
NAME John W. Lentz VII	NAME ☐ Change ☐ Addition		
STREET ADDRESS 23 Limpkin Court	STREET ADDRESS ☐ Change ☐ Addition		
CITY-ST-ZIP CRAWFORDVILLE, FL 32327	CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE OWNER - SECRETARY ☐ Delete	TITLE ☐ Change ☐ Addition		
NAME DAVID F. HARVEY	NAME ☐ Change ☐ Addition		
STREET ADDRESS 117 HARVEY-YOUNG FARM Rd	STREET ADDRESS ☐ Change ☐ Addition		
CITY-ST-ZIP CRAWFORDVILLE, FL 32327	CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE ☐ Delete	TITLE ☐ Change ☐ Addition		
NAME ☐ Delete	NAME ☐ Change ☐ Addition		
STREET ADDRESS ☐ Delete	STREET ADDRESS ☐ Change ☐ Addition		
CITY-ST-ZIP ☐ Delete	CITY-ST-ZIP ☐ 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: 		(850) 562-9075 Date Devere Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			