

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103095

Entity Name: WILDWOOD GOLF, LLC

FILED
Apr 22, 2008
Secretary of State

Current Principal Place of Business:

3870 COASTAL HIGHWAY
CRAWFORDVILLE, FL 32327 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1570
CRAWFORDVILLE, FL 32326 US

New Mailing Address:

FEI Number: 20-3654540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LENTZ, JOHN W VII
3870 COASTAL HIGHWAY
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

BARRY, JOSEPH C
177 LONESOME RD
CRAWFORDVILLE, FL 32327 US

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.

SIGNATURE: JOSEPH C BARRY

04/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: VP () Delete
Name: BARRY, JOSEPH C
Address: 177 LONESOME RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: P () Delete
Name: THOMPSON, GERALD W
Address: 1136 MCCOOK RD
City-St-Zip: QUINCY, FL 32351

Title: ST () Delete
Name: HARVEY, DAVID F
Address: 117 HARVEY-YOUNG FARM RD
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH C BARRY

VP

04/22/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date