

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103095

Entity Name: WILDWOOD GOLF, LLC

FILED
Apr 13, 2009
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:

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

Name and Address of New Registered Agent:

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:

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

04/13/2009

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