

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90257 028 \*\*\*\*50.00

**DOCUMENT # L05000103099**

1. Entity Name  
**WILDWOOD GOLF OPERATIONS, LLC**



Principal Place of Business  
**3870 COASTAL HIGHWAY  
CRAWFORDVILLE, FL 32327 US**

Mailing Address  
**P.O. BOX 1570  
CRAWFORDVILLE, FL 32326 US**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

04162007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-3654761**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**G  
AVANT, RODNEY  
3870 COASTAL HWY  
CRAWFORDVILLE, FL 32327**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGRM  
THOMPSON, GERALD  
1136 MCCOOK RD  
QUINCY, FL 32351**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGRM  
LENTS, VII, JOHN  
23 LIMPKIN CT  
CRAWFORDVILLE, FL 32327**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGRM  
HARVEY, DAVID  
117 HARVEY-YOUNG FARM RD  
CRAWFORDVILLE, FL 32327**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGRM  
BARRY, JOE  
177 LONESOME RD  
CRAWFORDVILLE, FL 32327**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**Gen. MGR  
Esser, Randy  
3870 Coastal Hwy  
Crawfordville, FL 32327**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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: *R. Esser* R. Esser Gen MGR.**

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

**4-16-07**

Date

**850-926-2608**

Daytime Phone #