
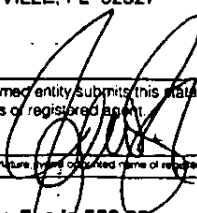
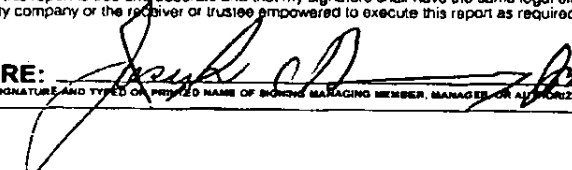


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

5/2

FILED
Jun 12, 2006 8:00 am
Secretary of State

05-02-2006 90030 029 ****50.00

DOCUMENT # L05000103103 1. Entity Name WILDWOOD OPERATIONS, LLC					
Principal Place of Business 3896 COASTAL HIGHWAY CRAWFORDVILLE, FL 32327 US			Mailing Address 3896 COASTAL HIGHWAY CRAWFORDVILLE, FL 32327 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-3654912	
5. Certificate of Status Desired <input type="checkbox"/> \$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) 23 LIMPkin CT City Crawfordville FL Zip Code 32327	
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  DATE 4/27/06 <small>Signature must be printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
[Empty Row]			MGRM Joseph C Barry 177 Lonesome Rd Crawfordville, FL 32327		
[Empty Row]			MGRM John W. Lentz 23 Limpkin CT Crawfordville, FL 32327		
[Empty Row]			MGRM David F. Harvey 117 Harvey Young Farm Crawfordville, FL 32327		
[Empty Row]			MGRM Gerald Thompson 1136 McCook Road Quincy, FL 32351		
[Empty Row]			[Empty Row]		
[Empty Row]			[Empty Row]		
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 606, Florida Statutes.					
SIGNATURE:  DATE 4-27-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>					



3896 Coastal Highway
Crawfordville, FL 32327

Phone: 850-926-4455
Fax: 850-926-6955

June 8, 2006

Florida Department of State
Division of Corporation
PO Box 6478
Tallahassee, FL 32314

30010136
#L05000103103

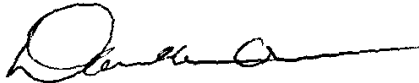
To Whom It May Concern:

Attached is the corrected copy of the Annual Report for Wildwood Operations LLC along with a copy of the letter from the IRS assigning the FEIN.

I hope this will complete the filing. A waiver of any late fees would be greatly appreciated.

If you have any questions, please feel free to contact me at 850-926-4455.

Sincerely,



Danielle Owens
Business Manager



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
P.O. BOX 9003
HOLTSVILLE NY 11742-9003

002589.209740.0011.001 1 MB 0.309 702

XX

WILDWOOD OPERATIONS LLC
JOHN W LENTZ VII MBR
3870 COASTAL HWY
CRAWFORDVILLE FL 32327

ATTACHMENT

30610130
#L05000103103
Date
Employ

Date of this notice: 11-02-2005

Employer Identification Number:
20-3654912

Form: SS-4

Number of this notice: CP 575 B

For assistance you may call us at
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an EIN. We assigned you EIN 20-3654912. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, doing so could cause a delay in processing and may result in incorrect information in your account. Doing so could result in our assigning you more than one EIN.

Based on the information from you or your representative, you must file the following form(s) by the date shown next to it.

Form 1065

04/15/2006

If you have questions about the form(s) or the due date(s) shown, you can call us at 1-800-829-4933 or write to us at the address at the top of the first page of this letter. If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office or from our web site at www.irs.gov.

We assigned you a tax classification (S-Corporation, Partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1 I.R.B.7 (or superceding revenue procedure for the year at issue.)