

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103103

FILED  
Jul 11, 2007  
Secretary of State

Entity Name: WILDWOOD OPERATIONS, LLC

**Current Principal Place of Business:**

3896 COASTAL HIGHWAY  
CRAWFORDVILLE, FL 32327 US

**New Principal Place of Business:**

**Current Mailing Address:**

3896 COASTAL HIGHWAY  
CRAWFORDVILLE, FL 32327 US

**New Mailing Address:**

FEI Number: 20-3654912      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LENTZ, JOHN W VII  
23 LIMPkin CT  
CRAWFORDVILLE, FL 32327 US

**Name and Address of New Registered Agent:**

BARRY, J C  
3896 COASTAL HIGHWAY  
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

07/11/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

Title: MGRM (X) Delete  
Name: LENTZ, JOHN W  
Address: 23 LIMPkin CT  
City-St-Zip: CRAWFORDVILLE, FL 32327

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

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

**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:

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

MGRM

07/11/2007

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