


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L05000112817 1. Entity Name COBBLESTONE WOODS, LLC |  |
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|---|---|
| Principal Place of Business 1111 NE 25TH AVE S101 OCALA, FL 34470 | Mailing Address 1111 NE 25TH AVE S101 OCALA, FL 34470 |
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01042007No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 59-1760671 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent ELLSPERMANN, CARL W 1111 NE 25TH AVE S202 OCALA, FL 34470 |
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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**

| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BOONE, KIRK 1111 NE 25TH AVE S101 OCALA, FL 34470 |
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Jan 4, 2007 (352) 732-5255
Date Daytime Phone #