

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90229 012 \*\*\*\*50.00

<b>DOCUMENT # L05000118020</b> 1. Entity Name <b>WOODHAVEN DEVELOPERS, LLC</b>					
Principal Place of Business <b>1903 WOODHAVEN CIRCLE ROCKLEDGE, FL 32955</b>			Mailing Address <b>1903 WOODHAVEN CIRCLE ROCKLEDGE, FL 32955</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>FRESE, GARY B 930 S. HARBOR CITY BLVD. STE. 505 MELBOURNE, FL 32901</b>				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when renewing) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SIKORYAK, JOSEPH</b>		NAME		
STREET ADDRESS	<b>1903 WOODHAVEN CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ROCKLEDGE, FL 32955</b>		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<b>VICE PRES.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SIKORYAK, ELEANOR B</b>		NAME		
STREET ADDRESS	<b>1903 WOODHAVEN CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ROCKLEDGE, FL 32955</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>Patricia A. Mello</i>			Date <b>3-6-06</b> Daytime Phone <b>321-242-9999</b>		



Attachment  
30002072

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 24, 2006

WOODHAVEN DEVELOPERS, LLC  
1903 WOODHAVEN CIRCLE  
ROCKLEDGE, FL 32955

Subject: **WOODHAVEN DEVELOPERS, LLC**

Reference-Number: **L05000118020**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ

ANNUAL REPORTS SECTION