2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State
03-31-2008 90263 044 ***138.75

DOCUMENT # L06000005481

1. Entity Name
422 WOODLAND, LLC

60018081

Principal Place of Business	Mailing Address
444 SEABREEZE BLVD. SUITE 780 DAYTONA BEACH, FL 32118 US	444 SEABREEZE BLVD. SUITE 780 DAYTONA BEACH, FL 32118 US

02042008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4220618
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~RICE & ROSE, P.A.~~
~~222 SEABREEZE BLVD.~~
~~DAYTONA BEACH, FL 32118~~

Robert L. Adams
444 Seabreeze Blvd. #170
Daytona Beach FL 32118

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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 _____ Robert L. Adams 3.17.08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	ADAMS, JOHN J
STREET ADDRESS	444 SEABREEZE BLVD, SUITE ~~780~~ 170
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	MGR
NAME	ROBERT L. ADAMS REVOCABLE TRUST OF 5/13/05
STREET ADDRESS	444 SEABREEZE BLVD, SUITE ~~780~~ 170
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
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: _____ Robert L. Adams 3.17.08 386-253-8044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #