
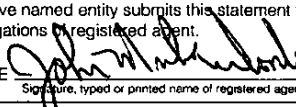
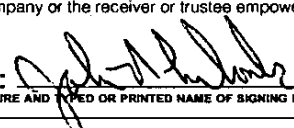


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90135 050 ***138.75

DOCUMENT # L06000051446					
1. Entity Name MIKE WOODS CONSTRUCTION LLC					
Principal Place of Business 10880 METRO PARKWAY, SUITE H FORT MYERS, FL 33966			Mailing Address 10880 METRO PARKWAY, SUITE H FORT MYERS, FL 33966		
2. Principal Place of Business - No P.O. Box # 8359 BEACON BLVD.		3. Mailing Address 8359 BEACON BLVD.			
Suite, Apt. #, etc. SUITE 431		Suite, Apt. #, etc. SUITE 431			
City & State FORT MYERS, FL		City & State FORT MYERS, FL			
Zip 33907		Country LEE		Zip 33907	
Country LEE		4. FEI Number 20-4910122			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WOODS, JOHN M 10880 METRO PARKWAY, SUITE H FORT MYERS, FL 33912			7. Name and Address of New Registered Agent Name: WOODS, JOHN M. Street Address (P.O. Box Number is Not Acceptable): 8359 BEACON BLVD, SUITE 431 City: FORT MYERS FL Zip Code: 33907		
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:					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOODS, JOHN M 10880 METRO PARKWAY, SUITE H FORT MYERS, FL 33912		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT WOODS, JOHN M 8359 BEACON BLVD, SUITE 431 FORT MYERS, FL 33907	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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, MANAGER, OR AUTHORIZED REPRESENTATIVE Date: Daytime Phone #:					