

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000060336

Entity Name: WOODBINE CAPITAL , LLC

FILED
Aug 24, 2007
Secretary of State

Current Principal Place of Business:

2639 ULTRA VISTA DRIVE
C/O JERRY E. PIERCE
ORLANDO, FL 32807 US

New Principal Place of Business:

2639 ULTRA VISTA DRIVE
C/O JERRY E. PIERCE
MAITLAND, FL 32751 US

Current Mailing Address:

2639 ULTRA VISTA DRIVE
C/O JERRY E. PIERCE
ORLANDO, FL 32807 US

New Mailing Address:

2639 ULTRA VISTA DRIVE
C/O JERRY E. PIERCE
MAITLAND, FL 32751 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
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:

PIERCE, JERRY E
2639 ULTRA VISTA DRIVE
MAITLAND, FL 32807 US

Name and Address of New Registered Agent:

PIERCE, JERRY E
2639 ULTRA VISTA DRIVE
MAITLAND, FL 32751 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:

08/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PIERCE FAMILY REVOKA, BLE TRUST
Address: 2639 ULTRA VISTA DRIVE
City-St-Zip: MAITLAND, FL 32807 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PIERCE FAMILY REVOKA, BLE TRUST
Address: 2639 ULTRA VISTA DRIVE
City-St-Zip: MAITLAND, FL 32751 US

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: /JERRY E. PIERCE, MEMBER/

MR.

08/24/2007

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