2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000103833

1. Entity Name

MEADOWOOD PROPERTIES, LLC

FILED Feb 19, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

3020 SOUTH FLORIDA AVE., SUITE 101 LAKELAND, FL 33803

3020 SOUTH FLORIDA AVE., SUITE 101 LAKELAND, FL 33803



DO NOT WRITE IN THIS SPACE

01092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5804028 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, DAVID J 3020 SOUTH FLORIDA AVE., SUITE 101 LAKELAND, FL 33803

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8. The above named entity submits this statement for the purpose of changing its registered affice 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)

02/27/08-80043-012 138.75

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

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADAMS, DAVID J 3020 SOUTH FLORIDA AVE., SUITE 101 LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADAMS, ROBERT J 3020 SOUTH FLORIDA AVE., SUITE 101 LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALSH, BRIAN 3020 SOUTH FLORIDA AVE., SUITE 101 LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filling 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 PENTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #