

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000017734

FILED
Jan 20, 2009
Secretary of State

Entity Name: WOODMONT C.C. DEVELOPMENT, LLC

Current Principal Place of Business:

8320 WEST SUNRISE BOULEVARD
SUITE 204
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

8320 WEST SUNRISE BOULEVARD
SUITE 204
PLANTATION, FL 33322

New Mailing Address:

FEI Number: 20-8454119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMIDT, MARK L
8320 WEST SUNRISE BOULEVARD
SUITE 204
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHMIDT, MARK L
Address: 8320 WEST SUNRISE BOULEVARD, SUITE 204
City-St-Zip: PLANTATION, FL 33322

Title: MGRM () Delete
Name: JARMON, MICHAEL
Address: 7801 NW 80TH AVENUE
City-St-Zip: TAMARAC, FL 33321

Title: MGRM () Delete
Name: SCHMIDT, JUSTIN B
Address: 8320 WEST SUNRISE BOULEVARD, SUITE 204
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARK L. SCHMIDT

MR.

01/20/2009

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