

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000056855

Entity Name: WOOD HOUSE, LLC

FILED  
Apr 22, 2008  
Secretary of State

**Current Principal Place of Business:**

50 NW 22 STREET  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

50 NW 22 STREET  
HOMESTEAD, FL 33030

**New Mailing Address:**

FEI Number: 26-0315165

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOOD, MARIA LINN  
50 NW 22 STREET  
HOMESTEAD, FL 33030 US

**Name and Address of New Registered Agent:**

WOOD, MARIA LINA  
50 NW 22 STREET  
HOMESTEAD, FL 33030 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: MARIA LINA WOOD

04/22/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WOOD, MARIA LINN  
Address: 50 NW 22 STREET  
City-St-Zip: HOMESTEAD, FL 33030

Title: MGRM ( ) Delete  
Name: WOOD, MICHAEL  
Address: 50 NW 22 STREET  
City-St-Zip: HOMESTEAD, FL 33030

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WOOD, MARIA LINA  
Address: 50 NW 22 STREET  
City-St-Zip: HOMESTEAD, FL 33030

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: MARIA LINA WOOD

MGRM

04/22/2008

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