

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000064293

Entity Name: WOODLAND HOLDINGS, L.L.C.

FILED  
Mar 17, 2008  
Secretary of State

**Current Principal Place of Business:**

10751 ORANGE AVE.  
FORT PIERCE, FL 34945

**New Principal Place of Business:**

**Current Mailing Address:**

10751 ORANGE AVE.  
FORT PIERCE, FL 34945

**New Mailing Address:**

P.O. BOX 13485  
FORT PIERCE, FL 34979

FEI Number: 06-1819376

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BROWN, ESQ., E. ROLLINS II  
BROWN & BROWN, L.L.P.  
1626 90TH AVENUE  
VERO BEACH, FL 32966 US

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

MITCHELL, THOMAS Y  
1202 IBIS AVENUE  
FORT PIERCE, FL 34982 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: THOMAS Y. MITCHELL

03/17/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: MITCHELL, THOMAS Y  
Address: 1202 IBIS AVENUE  
City-St-Zip: FORT PIERCE, FL 34982

Title: MGRM ( ) Change (X) Addition  
Name: SCOTT, DANIEL C III  
Address: 1953 S. HEADER CANAL ROAD  
City-St-Zip: FORT PIERCE, FL 34945

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: THOMAS Y. MITCHELL

MGRM

03/17/2008

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