File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE

LIMITED LIABILITY COMPANY **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

Name and Malling Address of Limited Liability Company

attachment with an address. **SIGNATURE:**

DOCUMENT # TOCOCOCOLOCA

98 MAY -4 PM 12: 04

WOOD MORTGAGE, I.C. 3255 TAMIAMI TRAIL NORTH NAPLES FL 34103 2 Principal Place of Business 2 a. Mailing Address 3 Date Organized or Qualified 3 as. State of Formation 11/27/1996 FL 4 FEI Number City & State and Zip Code MGR FREEDMAN, RON 3255 TAMIAMI TRAIL NORTH NAPLES FL City & State and Zip Code ******* 168. 75 ************************************		-	•		пэос	יטטטני	01201					
Suite, Apt. #, etc. Suite, Apt. #, etc. 11/27/1996 FL 4. FEI Number Applied For Applied		3255 TA	AMIAMI TE	RAIL NORTE	Н		•					
City & State Country Country Country To Date of Last Report 6. Certificate of Status Desired Street Address of New Registered Agent/Office Name WOLFF, CASEY ESQ R PAULICH SLAK & WOLFF, P. A. 2150 GOODLETTE ROAD SIXTH FLOOR NAPLES FL 34102 Street Address (P.O. Box Number is Not Acceptable) Suife, Apt. #, etc. City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Applied For O 4/21/1997 6. Certificate of Status Desired Suife Address of New Registered Agent/Office Name Name Street Address (P.O. Box Number is Not Acceptable) Suife, Apt. #, etc. City FL Zip Code City FL Zip Code City FL Zip Code Different Address of New Registered Agent Acceptable) Suife, Apt. #, etc. City FL Zip Code Different Address of New Registered Agent Acceptable) Suife, Apt. #, etc. City FL Zip Code Different Address (P.O. Box Number is Not Acceptable) Suife, Apt. #, etc. City FL Zip Code Different Address (P.O. Box Number is Not Acceptable) Suife, Apt. #, etc. City FL Zip Code Different Address (P.O. Box Number is Not Acceptable) Suife, Apt. #, etc. City FL Zip Code Different Address (P.O. Box Number is Not Acceptable) Suife, Apt. #, etc. City FL Zip Code Different Address (P.O. Box Number is Not Acceptable) Suife, Apt. #, etc. City FL Zip Code Different Address (P.O. Box Number is Not Acceptable) Suife, Apt. #, etc. City Different Address (P.O. Box Number is Not Acceptable) Suife, Apt. #, etc. City City Code Acceptable Suife, Apt. #, etc. City City Code Acceptable Suife, Apt. #, etc. City City City Code Acceptable S	2. Princip	pal Place of Bus	iness	2a. Malli	ng Address			3. Date Organiz	ed or Qualified	3a. State	e of Formation	
City & State City & State City & State Country Countr	Suite, Apt	t. #, etc.		Suite, Ap	Suite, Apt. #, etc.			11/27/1 4. FEI Number	.996			
To Country To Country To Date of Last Report To A / 21 / 1997 To Name and Address of Current Registered Agent To Name and Address of Current Registered Agent To Name and Address of New Registered Agent/Office Name Name Name Name Name and Address of New Registered Agent/Office Name Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) To Date To Date of Last Report To A / 21 / 1997 To A / 21 / 1997 To A / 21 / 1997 Name Name Name Name Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) To Date of Last Report To A / 21 / 1997 Name	City & Sta	ate		City & Str	City & State							ole
WOLFF, CASEY ESQ \$ PAULICH SLAK & WOLFF, P.A. 2150 GOODLETTE ROAD SIXTH FLOOR NAPLES FL 34102 Street Address (P.O. Box Number is Not Acceptable) 9. Pursuant to the provisions of Sections 608.416 and 608.508. Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature regulted when reinstating) DATE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature regulted when reinstating) MGR FREEDMAN, RON 3255 TAMIAMI TRAIL NORTH NAPLES FL	Zip		Country	Žip		Count	iry	5. Date of Last F	Report	l		id
WOLFF, CASEY ESQ \$ PAULICH SLAK & WOLFF, P.A. 2150 GOODLETTE ROAD SIXTH FLOOR NAPLES FL 34102 Suife, Apt. #, etc. City FL Zip Code City FL Zip Code City FL Gregatered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Regatered Agent Accepting Appointment) (NOTE Registered Agent alignature required when reinstailing) 10. Title Managing Members/Managers Business Street Address City, State and Zip Code MGR FREEDMAN, RON 3255 TAMIAMI TRAIL NORTH NAPLES FL -05/07/9801014021		7. Name	and Address of (Current Registered	Agent		Т 8.	Name and Address	997	tored Ager	104laa	_
WOLFF, CASEY ESQ \$ PAULICH SLAK & WOLFF, P.A. 2150 GOODLETTE ROAD SIXTH FLOOR NAPLES FL 34102 Suite, Apt. #, etc. City Lip Code # L Zip			Manual Company	201101111111111111111111111111111111111	7.84···			Hame and news.	B UI HOW HOW	reien van	IVOnice	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent alignature regulated when reinstating) 10. Title Managing Members/Managers Business Street Address City, State and Zip Code MGR FREEDMAN, RON 3255 TAMIAMI TRAIL NORTH NAPLES FL	% PAI 2150 NAPLI	ULICH S GOODLE LES FL 3 ant to the provisioned office or regis	SLAK & WC ETTE ROAD 34102 sions of Sections 60 istered agent, or both	D SIXTH FI	City Florida Statutes, the above-named limiter			Zip Code FL Zip Code Ad liability company submits this statement for the purpose of changing				ng int
(Registered Agent Accepting Appointment) (NOTE: Registered Agent alignature regulated when reinstating) 10. Title Managing Members/Managers Business Street Address City, State and Zip Code MGR FREEDMAN, RON 3255 TAMIAMI TRAIL NORTH NAPLES FL	SIGNATU	JRE						1	DATE			
MGR FREEDMAN, RON 3255 TAMIAMI TRAIL NORTH NAPLES FL 000025148008			(Registered Agent A	Accepting Appointment) (N	OTE Registered Agr	jent signaturr	e required when reinstating	ng)	DAIL			-
000025148008 -05/07/9801014021	10. Titie	Man	aging Members/M	/lanagers	<u> </u>	Busine	ss Street Address		City,	, State and 2	Zip Code	
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1 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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 60B, Florida Statutes; and that my name appears in Block 10, or on an