

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001580

Entity Name: KARAWOOD, L.C.

FILED  
Apr 21, 2009  
Secretary of State

**Current Principal Place of Business:**

11491 S. CLEVELAND AVE  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

2430 VANDERBILT BCH RD #100-N9  
NAPLES, FL 34109

**New Mailing Address:**

FEI Number: 65-0859566

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMITH, WILLIAM R  
8191 COLLEGE PARKWAY #204  
FT. MYERS, FL 33919 US

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

LUCKEY, WENDY L  
2430 VANDERBILT BEACH RD  
#108-179  
NAPLES, FL 34109 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: WENDY LUCKEY

04/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WOODS, TINA M  
Address: 2430 VANDERBILT BCH RD # 108-179  
City-St-Zip: NAPLES, FL 34109

Title: S ( ) Delete  
Name: LUCKEY, WENDY L  
Address: 4260 6TH AVE NE  
City-St-Zip: NAPLES, FL 34120

**ADDITIONS/CHANGES:**

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

Title: S (X) Change ( ) Addition  
Name: LUCKEY, WENDY L  
Address: 2430 VANDERBILT BEACH RD #108-179  
City-St-Zip: NAPLES, FL 34109

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: TINA WOODS

MGR

04/21/2009

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