

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000002688

FILED
Feb 14, 2003
Secretary of State

Entity Name: WOODBURY FOREST VENTURE, L.L.C.

Current Principal Place of Business:

C/O VICTOR C. FRANCK
82 DRIFTOAK CIRCLE
THE WOODLANDS, TX 77381

New Principal Place of Business:

Current Mailing Address:

C/O VICTOR C. FRANCK
82 DRIFTOAK CIRCLE
THE WOODLANDS, TX 77381

New Mailing Address:

FEI Number: 76-0605035 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHELL, STEPHEN B
SHELL, FLEMING, DAVIS & MENGE
226 SOUTH PALAFOX ST., SEVILLE TOWER 9TH FL
PENSACOLA, FL 32501 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/MEMBERS:

Title: MGR () Delete
Name: GREEN, JAMES W
Address: 512 DERRY DRIVE
City-St-Zip: CANTONMENT, FL 32533

Title: MGR () Delete
Name: TRAWICK, STEPHEN C
Address: 1100-A AIRPORT BLVD.
City-St-Zip: PENSACOLA, FL 32504

Title: MGR (X) Delete
Name: WARD, RONALD
Address: 4340 HICKORY SHORES BLVD.
City-St-Zip: GULF BREEZE, FL 32563

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 for the exemption stated in Section 119.07(3)(i), 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: JAMES W. GREEN MGR 02/14/2003

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