

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001891

Entity Name: WOOD LINES LTD. LLC

FILED  
Jan 15, 2009  
Secretary of State

**Current Principal Place of Business:**

524 ONTARIO AVE.  
CRYSTAL BEACH, FL 34681

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 915  
CRYSTAL BEACH, FL 34681

**New Mailing Address:**

FEI Number: 38-3653097

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MURAN, JAN M  
460 KALI CT.  
PALM HARBOR, FL 34683 US

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

MURAN, JAN M  
524 ONTARIO AVE.  
CRYSTAL BEACH, FL 34681 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: JAN M. MURAN

01/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MURAN, STEPHAN L  
Address: 460 KALI CT.  
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM ( ) Delete  
Name: MURAN, JAN M  
Address: 460 KALI CT.  
City-St-Zip: PALM HARBOR, FL 34683

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MURAN, STEPHAN L  
Address: 524 ONTARIO AVE.  
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: MGRM (X) Change ( ) Addition  
Name: MURAN, JAN M  
Address: 524 ONTARIO AVE.  
City-St-Zip: CRYSTAL BEACH, FL 34681

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: JAN M. MURAN

PART

01/15/2009

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