2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # M99000000888

1. Entity Name

WOODS AT FRENCHMAN'S CREEK, LLC



Principal Place of Business

RALEIGH, NC 27613

% DRUCKER & FALK, LLC 7200 STONEHENGE DR., SUITE 211 Mailing Address

9286 WARWICK BLVD. NEWPORT NEWS, VA 23607

FILED Apr 23, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02272004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 56-2136174

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BLALOCK, LANDERS, WALTERS & VOGLER, P.A. 802 11TH ST. WEST BRADENTON, FL 34205

DO NOT WRITE IN THIS SDACE

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8. The above the obligat	named entity submits this statement for the purpose of cha- tions of registered agent.	nging its registered office or registered agent, or both	in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if epolicable.			
	Signature, typed or printed hame of registered agent and this it applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2004		U00000127014 - 04/23/04-00057-025-50.03	
9.	MANAGING MEMBERS/MANAGERS		- 01/13/01 00031 023 301.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FALK, DAVID C SR % 7200 STONEHENGE DR., SUITE 211 RALEIGH, NC 27613			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	DO NOT WRITE	
TITLE NAME STREET ADDRESS		IN T	IN THIS SPACE	

11. I 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 report is true and accurate and that my signature shall have the same legal effect as it 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> DANIOC FACE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-15-04 757 245 154 [

Daytime Phone #