2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 713400

1. *Entity Name*
LYNN AND LOUIS WOLFSON II, FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
1110 BRICKELL AVE., SUITE 202 MIAMI, FL 33131	1110 BRICKELL AVE., SUITE 202 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

02162006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-6196403 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AUERBACH, HAROLD
1110 BRICKELL AVE
SUITE 202
MIAMI, FL 33131

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	WOLFSON, LYNN
STREET ADDRESS	1110 BRICKELL AVE, # 202
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VT
NAME	WOLFSON, LOUIS III
STREET ADDRESS	1110 BRICKELL AVE, # 202
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VT
NAME	WOLFSON FADEL, LYNDA
STREET ADDRESS	1110 BRICKELL AVE, # 202
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	TT
NAME	AUERBACH, HAROLD
STREET ADDRESS	1110 BRICKELL AVE, # 202
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	T
NAME	CAPRARO, FRANZ
STREET ADDRESS	1110 BRICKELL AVE, # 202
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	S
NAME	RAATTAMA, HENRY H FR
STREET ADDRESS	1 SE 3 AVE 28TH FLOOR
CITY-ST-ZIP	MIAMI, FL 33131

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03/07/06-80020-023 61.25

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12. *I hereby certify that the information* supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Harold Auerbach HAROLD AUERBACH 2-21-06 305-377-8714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #