2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# 713400

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

Current Principal Place of Business:

2699 S BAYSHORE DR
5TH FLOOR
MIAMI, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

2699 S BAYSHORE DR
5TH FLOOR
MIAMI, FL 33133 US

New Mailing Address:

FEI Number: 59-6196403 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCOTT, MARK
2699 S BAYSHORE DRIVE
MIAMI, FL 33133 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

OFFICERS AND DIRECTORS:

Title:	PT	( ) Delete
Name:	WOLFSON, LYNN	
Address:	POB 330062	
City-St-Zip:	MIAMI, FL 33133	
Title:	VT	( ) Delete
Name:	WOLFSON, LOUIS III	
Address:	9400 S DADELAND BLVD #100	
City-St-Zip:	MIAMI, FL 33156	
Title:	VT	( ) Delete
Name:	WOLFSON FADEL, LYNDA	
Address:	1018 SUMMIT DRIVE	
City-St-Zip:	BEVERLY HILLS, CA 90210	
Title:	T	( ) Delete
Name:	CAPRARO, FRANZ	
Address:	1110 BRICKELL AVE #2	
City-St-Zip:	MIAMI, FL 33131	
Title:	S	( ) Delete
Name:	RAATTAMA, HENRY H FR	
Address:	1 SE 3 AVE 28TH FLOOR	
City-St-Zip:	MIAMI, FL 33131	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN WOLFSON PT 01/15/2009

Electronic Signature of Signing Officer or Director — Date