

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001945

FILED
Mar 12, 2008
Secretary of State

Entity Name: WINGEDFOOT MANAGEMENT, L.L.C.

Current Principal Place of Business:

901 SOUTH OCEAN BLVD
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

1730 S FEDERAL HWY
PMB 386
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 65-0994100 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

IACOBUCCI, NANCY L
901 SOUTH OCEAN BLVD
DELRAY BEACH, FL 33483 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/MANAGERS:

Title: MGRM () Delete
Name: IACOBUCCI, EDWARD E
Address: 901 SOUTH OCEAN BLVD
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGR () Delete
Name: NANCY, IACOBUCCI L
Address: 901 S OCEAN BLVD
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES:

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 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: EDWARD E IACOBUCCI

MM

03/12/2008

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