

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092051

FILED
Apr 29, 2005
Secretary of State

Entity Name: WOOLBRIGHT INTERNATIONAL DRIVE OPERATING MEMBER LLC

Current Principal Place of Business:

C/O WOOLBRIGHT DEVELOPMENT, INC.
3200 NORTH MILITARY TRAIL, 4TH FLOOR
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

C/O WOOLBRIGHT DEVELOPMENT, INC.
3200 NORTH MILITARY TRAIL, 4TH FLOOR
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 20-2034796 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLTON, PETER S ESQ
505 SOUTH FLAGLER DRIVE, SUTIE 1100
WEST PALM BEACH, FL 33401 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/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: D () Change (X) Addition
Name: DUANE, STILLER J
Address: 3200 N MILITARY TRAIL 4 TH FL
City-St-Zip: BOCA RATON, FL 33441 US

Title: D () Change (X) Addition
Name: FIMIANI, MICHAEL
Address: 3200 N MILITARY TRAIL 4 TH FL
City-St-Zip: BOCA RATON, FL 33441 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DUANE J STILLER

DS

04/29/2005

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