

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055954

**FILED**  
**Apr 27, 2006**  
**Secretary of State**

**Entity Name:** WOOLBRIGHT PINWOOD MEMBER LLC

**Current Principal Place of Business:**

3200 NORHT MILITARY TRAIL  
4TH FLOOR  
BOCA RATON, FL 33431

**New Principal Place of Business:**

3200 NORTH MILITARY TRAIL  
4TH FLOOR  
BOCA RATON, FL 33431

**Current Mailing Address:**

3200 NORHT MILITARY TRAIL  
4TH FLOOR  
BOCA RATON, FL 33431

**New Mailing Address:**

3200 NORTH MILITARY TRAIL  
4TH FLOOR  
BOCA RATON, FL 33431

FEI Number: 20-2946956

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  
SUITE 1100  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

WIENER, DAVID J  
3200 NORTH MILITARY TRAIL  
4TH FLOOR  
BOCA RATON, FL 33431 US

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: DAVID J. WIENER

04/27/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: WOOLBRIGHT HOLDINGS, LLC  
Address: 3200 N MILITARY TRAIL 4TH FL  
City-St-Zip: BOCA RATON, FL 33431

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

MGRM

04/27/2006

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