

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035817

FILED
Apr 28, 2008
Secretary of State

Entity Name: WOOLBRIGHT WEST SUNSET MEMBER LLC

Current Principal Place of Business:

% WOOLBRIGHT DEVELOPMENT, INC.
3200 NORTH 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:

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

New Mailing Address:

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

FEI Number: 20-4644432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WIENER, DAVID J
3200 NORTH MILITARY TRAIL
SUITE 201
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: _____

04/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WOOLBRIGHT HOLDINGS, LLC
Address: 3200 NORTH MILITARY TRAIL 4TH FLOOR
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

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

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: LAWRENCE BERNICK

V

04/28/2008

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