

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000023444

**FILED**  
**Apr 09, 2008**  
**Secretary of State**

**Entity Name:** WOOLBRIGHT COVE CENTER MEMBER LLC

**Current Principal Place of Business:**

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:**

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:**  **FEI Number Applied For ( )**  **FEI Number Not Applicable (X)**  **Certificate of Status Desired ( )**

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

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

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

WIENER, DAVID J ESQ.  
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: \_\_\_\_\_ 04/09/2008  
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: ( ) 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: LAWRENCE BERNICK VP 04/09/2008  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date