

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000023451

FILED  
Apr 29, 2010  
Secretary of State

Entity Name: WOOLBRIGHT LAFAYETTE MEMBER LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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  
SUITE 201  
BOCA RATON, FL 33431 US

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

WIENER, DAVID J ESQ  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/29/2010

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: STILLER, DUANE J  
Address: 3200 NORTH MILITARY TRAIL 4TH FLOOR  
City-St-Zip: BOCA RATON, FL 33431

Title: VAS  
Name: BERNICK, LAWRENCE  
Address: 3200 NORTH MILITARY TRAIL 4TH FLOOR  
City-St-Zip: BOCA RATON, FL 33431

Title: VST  
Name: TYRIVER, SORAYA  
Address: 3200 NORTH MILITARY TRAIL 4TH FLOOR  
City-St-Zip: BOCA RATON, FL 33431

Title: V  
Name: MORELL, JORGE  
Address: 3200 NORTH MILITARY TRAIL 4TH FLOOR  
City-St-Zip: BOCA RATON, FL 33431

I hereby 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

04/29/2010

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