

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042998

FILED
Apr 14, 2008
Secretary of State

Entity Name: WOOLBRIGHT EQUITIES LLC

Current Principal Place of Business:

CAPITAL REALTY ADVISORS, INC.
600 SANDTREE DRIVE, STE. 109
PALM BEACH GARDENS, FL 33403 US

New Principal Place of Business:

Current Mailing Address:

CAPITAL REALTY ADVISORS, INC.
600 SANDTREE DRIVE, STE. 109
PALM BEACH GARDENS, FL 33403 US

New Mailing Address:

FEI Number: 20-3056879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

CAPITAL REALTY ADVISORS, INC.
600 SANDTREE DRIVE
SUITE 109
PALM BEACH GARDENS, FL 33403 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: DONNA MCDONALD

04/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GREENBURGER, FRANCIS
Address: 55 FIFTH AVENUE, 15TH FLOOR
City-St-Zip: NEW YORK, NY 10003

Title: MGRM () Delete
Name: KANTOR, ROBERT
Address: 55 FIFTH AVENUE, 15TH FLOOR
City-St-Zip: NEW YORK, NY 10003

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT KANTOR

MGRM

04/14/2008

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