2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2013
Secretary of State
CC3566864143

DOCUMENT# L07000023444

Entity Name: WOOLBRIGHT COVE CENTER MEMBER LLC

Current Principal Place of Business:

2240 NW 19TH STREET SUITE 801
BOCA RATON, FL 33431

Current Mailing Address:

2240 NW 19TH STREET SUITE 801
BOCA RATON, FL 33431

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WIENER, DAVID JESQ.
2240 NW 19TH STREET
SUITE 801
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 — Date

Authorized Person(s) Detail :

Title	PRESIDENT	Title	VP
Name	STILLER, DUANE J	Name	MORELL, JORGE
Address	2240 NW 19TH STREET SUITE 801	Address	2240 NW 19TH STREET SUITE 801
City-State-Zip:	BOCA RATON FL 33431	City-State-Zip:	BOCA RATON FL 33431

Title	VP, SECRETARY, TREASURER
Name	TYRIVER, SORAYA
Address	2240 NW 19TH STREET SUITE 801
City-State-Zip:	BOCA RATON FL 33431

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SORAYA TYRIVER VP 04/23/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date