


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000001695**

1. Entity Name  
**WOOLBRIGHT ASSETS, L.L.C.**



Principal Place of Business 17401 BRIDLEWAY TR BOCA RATON, FL 33496	Mailing Address P.O. BOX 370666 MIAMI, FL 33137
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DO NOT WRITE IN THIS SPACE



03222008 No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>65-0981338</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GOTTLIEB, STUART M  
 222 LAKEVIEW AVE., SUITE 260  
 WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when changing)

04/11/08-800018-017 138.75

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARNETT, MURRAY 17401 BRIDLEWAY TRAIL BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARNETT, SYLVIA 17401 BRIDLEWAY TRAIL BOCA RATON, FL 33496
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**  **3/29/08** **305-573-6253**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Date of Filing