## **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

## DOCUMENT # L0000003229

CITY-ST-ZIP



**FILED** Apr 20, 2004 8:00 am Secretary of State 04-20-2004 90189 046 \*\*\*\*55.00

WOLFE ENTERPRISES, LLC	
Principal Place of Business	Mailing Address
18429 S.E. WOOD HAVEN LANE PINEHURST G, RIVERBEND TEQUESTA FL 33469	18429 S.E. WOOD HAVEN LANE PINEHURST G, RIVERBEND TEQUESTA FL 33469
2. Principal Place of Business	3. Mailing Address

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2. Principal Pla	ace of Busin	ess	3. Mailing Address									
Suite, Apt. #	Suite, Apt. #, etc. Suite, Apt. #, etc.				MOORE CR2E083 (11/03)							
City & State City & State				4. FEI Num	4. FEI Number 59-3732095 Applied Not Appl							
Zip		Country	Zip	Country			5. Certificate of Status Desired \$5.00 Additional Fee Required					
	6. Name	and Address of Current R	egistered Agent			7. Name a	nd Address of New Ro	egistered	Agent			
				-	Name							
WOLFE, H. GEORGE JR. 18429 SE WOOD HAVEN LANE			Street Address (P.O. Box Number is Not Acceptable)									
PINEHURST G. RIVERBEND TEQUESTA FL 33469					City			<u></u>	Zip Code			
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		y submits this statement for ered agent.	the purpose of changing it	is register	ed office or regist	tered agent, or t	ooth, in the State of Flo	rida. I am	familiar with,	and accept		
SIGNATURE _	Signature, typed	or printed name of registered agent an	id title if applicable." (NC	TE: Registere	ed Agent signature requi	red when reinstating)		DATE				
			Make Check Paya	ble to Fl	FEE IS \$50.00 orida Departm ay 1, 2004	Committee of the commit						
9.	·	MANAGING MEMBER	RS/MANAGERS	10.	(S.) in accompleted in Artist Consults	records on the second seconds	ADDITIONS/	CHANGE	<u> </u>			
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		WOOD HAVEN LANE	*		EET ADDRESS							
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP

SIGNATURE: N. SIGNATURE:	lf ();	H. FEORGE	Wocke.	Ja.	3/17	561-747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI		AGER, OR AUTHORIZED REPRE	SENTATIVE /	Date	1 1	Daytime Phone #