

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90157 030 \*\*\*\*50.00

**DOCUMENT # L01000007493**

1. Entity Name  
**WOLS BEACH, LLC**



Principal Place of Business  
2700 NORTH 29TH AVE  
SUITE 108  
HOLLYWOOD, FL 33020

Mailing Address  
2700 NORTH 29TH AVE  
SUITE 108  
HOLLYWOOD, FL 33020



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**06-1629302**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOLOFSKY, HOWARD**  
2700 NORTH 29TH AVE  
SUITE 300 108  
HOLLYWOOD, FL 33020

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete  
NAME **WOLOFSKY, HOWARD**  
STREET ADDRESS **2700 NORTH 29TH AVE SUITE 300**  
CITY - ST - ZIP **HOLLYWOOD, FL 33020**

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS **2700 N 29th Ave. #108**  
CITY - ST - ZIP

TITLE **P** ☐ Delete  
NAME **BURSTEIN, ROBERT**  
STREET ADDRESS **2700 NORTH 29TH AVE SUITE 300**  
CITY - ST - ZIP **HOLLYWOOD, FL 33020**

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS **2700 N 29th Ave. #108**  
CITY - ST - ZIP

TITLE ☐ Delete  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**2/20/07**

Date

**(954) 929-1122**

Daytime Phone #