

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 29, 2009  
Secretary of State**

DOCUMENT# L01000020208

Entity Name: STEINEMANN-WOLFE, LLC

**Current Principal Place of Business:**

13901 SUTTON PARK DRIVE SOUTH  
SUITE 160  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

13901 SUTTON PARK DRIVE SOUTH  
SUITE 160  
JACKSONVILLE, FL 32224

**New Mailing Address:**

FEI Number: 90-0029754      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEINEMANN, FRANK C JR.  
13901 SUTTON PARK DRIVE SOUTH  
SUITE 160  
JACKSONVILLE, FL 32224 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: STEINEMANN, FRANK C JR.  
Address: 13901 SUTTON PARK DRIVE SOUTH, STE. 160  
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGR      ( ) Delete  
Name: CILLS, MICHAEL B  
Address: 13901 SUTTON PARK DR. S., SUITE 160  
City-St-Zip: JACKSONVILLE, FL 32224

**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: MICHAEL B. CILLS

MGR.

01/29/2009

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