


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90067 043 ***138.75

DOCUMENT # L02000001966
 1. Entity Name
 HEWS WOOLBRIGHT, LLC



Principal Place of Business
~~1700 W. WOOLBRIGHT ROAD~~
~~BOYNTON BEACH, FL 33426~~
4901 NW 17th Way #103
Ft. Lauderdale, FL 33309

Mailing Address
 4901 NW 17TH WAY
 SUITE 103
 FT. LAUDERDALE, FL 33309

60040901



04172008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0030086	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVY, ALAN ^M
 4901 NW 17TH WAY STE 103
 FORT LAUDERDALE, FL 33309

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: *Alan M. Levy* DATE: *4/22/08*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 LAZAR, MICHAEL 4901 NW 17TH WAY #103 FORT LAUDERDALE, FL 33309
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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: *Michael Lazar* *Michael Lazar* DATE: *4/22/08* DAYTIME PHONE #: *95A 991-5505*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #