

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000071984

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** WOLVERINE PARTNERS, LLC

**Current Principal Place of Business:**

480 EAST NORTH HILLS DRIVE  
SALT LAKE CITY, UT 84103

**New Principal Place of Business:**

**Current Mailing Address:**

480 EAST NORTH HILLS DRIVE  
SALT LAKE CITY, UT 84103

**New Mailing Address:**

1086 ABILENE WAY  
PARK CITY, UT 84098

**FEI Number:** 20-2693841

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JUDD,ULRICH,SCARLETT,SUMMONTE,&DEAN, P.A.  
2940 S TAMIAMI TRAIL  
SARASOTA, FL 34239 US

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

JUDD,ULRICH,SCARLETT,WICKMAN&DEAN, P.A.  
2940 S TAMIAMI TRAIL  
SARASOTA, FL 34239 US

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:** JOHN WICKMAN

04/25/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** WARD, MATTHEW J  
**Address:** 480 EAST NORTH HILLS DRIVE  
**City-St-Zip:** SALT LAKE CITY, UT 84103

**Title:** MGR  
**Name:** WARD, LYNN W  
**Address:** 480 EAST NORTH HILLS DRIVE  
**City-St-Zip:** SALT LAKE CITY, UT 84103

I hereby 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:** MATTHEW J WARD

MGR

04/25/2012

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