

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081306

Entity Name: WOLFE PACK, L.L.C.

FILED
Mar 07, 2008
Secretary of State

Current Principal Place of Business:

3859 BEE RIDGE ROAD
SUITE 200
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

3859 BEE RIDGE ROAD
SARASOTA, FL 34233

New Mailing Address:

3859 BEE RIDGE ROAD
SUITE 200
SARASOTA, FL 34233

FEI Number: 26-4084415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORTON, SAM D
1819 MAIN STREET, SUITE 610
SARASOTA, FL 34236 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: MGRM () Delete
Name: JOHNSTON, TODD J
Address: 3859 BEE RIDGE ROAD
City-St-Zip: SARASOTA, FL 34233

Title: MGRM () Delete
Name: JOHNSTON, KAREN L
Address: 3859 BEE RIDGE ROAD
City-St-Zip: SARASOTA, FL 34233

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: KAREN JOHNSTON

MGRM

03/07/2008

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