

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000089517

**FILED**  
**Feb 06, 2008**  
**Secretary of State**

**Entity Name:** WOLFSTONE DEVELOPMENT, LLC

**Current Principal Place of Business:**

950 S. WINTER PARK DRIVE  
SUITE 350  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

**Current Mailing Address:**

950 S. WINTER PARK DRIVE  
SUITE 350  
CASSELBERRY, FL 32707

**New Mailing Address:**

**FEI Number:** 20-1978871      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HAGEN, DEBORAH D  
950 S. WINTER PARK DR. STE. 350  
CASSELBERRY, FL 32707 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: HAGEN, DEBORAH D  
Address: 950 S. WINTER PARK DRIVE, SUITE 350  
City-St-Zip: CASSELBERRY, FL 32707

Title: MGR      ( ) Delete  
Name: HAGEN, TERRY D  
Address: 950 S. WINTER PARK DRIVE, SUITE 350  
City-St-Zip: CASSELBERRY, FL 32707

**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: DEBORAH D. HAGEN      MGR      02/06/2008

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