2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L05000019013

1. Entity Name
WOLF LAUREL PROPERTIES LLC



FILED Mar 26, 2007 08:00 AM Secretary of State

Principal Place of Business

9895 TABEBULA TREE DR APT B **BOYNTON BEACH, FL 33436** Mailing Address

9895 TABEBULA TREE DR APT B

BOYNTON BEACH, FL 33436



DO NOT WRITE IN THIS SPACE

03112007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2415235

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

MCINNIS, ALLEY 79 VISTA DEL RIO BOYNTON BEACH, FL 33426

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SIGNATURE Signature, typed or direct name of registered agent and site of applicable Filling Fee is \$50.00		(NOTE Registered Agent signature required when reinstating)	3:32-07 DATE	
9.	ue by May 1, 2007 MANAGING MEMBERS/MANAGERS			
TITLE	MGR ·			
NAME	MCINNIS, ALLEY			
STREET ADDRESS	79 VISTA DEL RIO			
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		UQ0000678594	
TITLE	MGRM		04/03/07-00004-016 50.00	

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

79 VISTA DEL RIO STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33426 HILE

MCINNIS, ANN

NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS C(TY-ST-ZIP

TITLE STREET ADDRESS CHY-ST-ZIP TITLE NAME

CITY ST-ZIP

STREET ADDRESS

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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:	Clea me	Samo	
SIGNATURE AND	TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER	OR AUTHORIZED REPRESENTATIVE

Daylime Phone #