


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90210 036 ****50.00

DOCUMENT # L05000025717					
1. Entity Name WOOLBRIGHT INVESTMENT GROUP, LLC					
Principal Place of Business 7981 HOWARD CT DELRAY BEACH, FL 33446			Mailing Address 7981 HOWARD CT DELRAY BEACH, FL 33446		
2. Principal Place of Business - No P.O. Box # 7981 MONARCH CT.		3. Mailing Address 7981 MONARCH CT.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2504283	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ZOYD, HOWARD 7981 HOWARD COURT DELRAY BEACH, FL 33446			7. Name and Address of New Registered Agent Name: <u>HOWARD ZOLIN</u> Street Address (P.O. Box Number is Not Acceptable): <u>7981 MONARCH COURT</u> City: <u>DELRAY BEACH</u> FL Zip Code: <u>33446</u>		
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: <u><i>Howard Zolin</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>1/4/07</u>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZOYD, HOWARD 7981 HOWARD CT DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>HOWARD ZOLIN</u> <u>7981 MONARCH COURT</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SELZER, HAROLD 3 BRICK FARM RD ROSELAND, NJ 07068	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Howard Zolin</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date: <u>1/4/07</u> Daytime Phone #: <u>761-865-9205</u>	