

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 30, 2006 8:00 am**  
**Secretary of State**

**DOCUMENT # L05000042998**

1. Entity Name  
**WOOLBRIGHT EQUITIES LLC**



Principal Place of Business  
**C/O PHILLIP GESUE  
55 FIFTH AVE., 15TH FLOOR  
NEW YORK, NY 10003**

Mailing Address  
**C/O PHILLIP GESUE  
55 FIFTH AVE., 15TH FLOOR  
NEW YORK, NY 10003**

02-07-2006 90075 019 \*\*\*\*50.00  
05-30-2006 90183 048 \*\*\*\*50.00



**SEACREST SERVICES, INC.**  
**2400 CENTRE PARK W. DRIVE**  
**#175**  
**WEST PALM BEACH, FL 33409**

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**WEST PALM BEACH, FL 33409**

04052006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-3056879**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**NATIONAL CORPORATE RESEARCH, LTD., INC.**  
**515 E. PARK AVE.**  
**TALLAHASSEE, FL 32301**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME **MGRM GREENBURGER, FRANCIS** ☐ Delete  
STREET ADDRESS **55 FIFTH AVENUE, 15TH FLOOR**  
CITY-ST-ZIP **NEW YORK, NY 10003**

TITLE  
NAME **MGRM KANTOR, ROBERT** ☐ Delete  
STREET ADDRESS **55 FIFTH AVENUE, 15TH FLOOR**  
CITY-ST-ZIP **NEW YORK, NY 10003**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #