2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

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FILED
Jul 10, 2008 8:00 am
Secretary of State
05-27-2008 90373 036 ***138.75

DOCUMENT # L05000059529

1. Entity Name
J. WOLFE, LLC

Principal Place of Business	Mailing Address
810 N. CENTRAL AVENUE KISSIMMEE FL 34741	810 N. CENTRAL AVENUE KISSIMMEE FL 34741

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E083 (10/07)

4. FEI Number 06-1748932 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COAMEY & CLARK, PA 2699 LEE ROAD 430 WINTER PARK FL FL	Name: James E. Wolfe Street Address (P.O. Box Number is Not Acceptable): 7 Lind Ave. City: Kissimmee FL Zip Code: 34744

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] 7/7/08
Signature of proposed name of registered agent (if applicable) (NOTE: Registered Agent signature required when renewing) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	WOLFE, JAMES E	NAME	
STREET ADDRESS	810 N. CENTRAL AVENUE	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34741	CITY-ST-ZIP	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Wolfe, James E	NAME	
STREET ADDRESS	7 Lind Ave.	STREET ADDRESS	
CITY-ST-ZIP	Kissimmee, FL 34744	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: James Wolfe [signature] 7/7/08 (407) 520-8253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #