


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 25, 2006 8:00 am**  
**Secretary of State**

08-25-2006 90050 027 \*\*\*\*55.00

|   |  |   |  |   |   |
|---|--|---|--|---|---|
| <b>DOCUMENT # L05000064508</b><br>1. Entity Name<br><b>WOLFCRAFT, LLC</b>   |  |   |  |  |   |
| Principal Place of Business<br><b>6700 KALAMBA STREET<br/>ORLANDO, FL 32807</b>   |  |   | Mailing Address<br><b>6700 KALAMBA STREET<br/>ORLANDO, FL 32807</b>  |   |   |
| 2. Principal Place of Business<br><b>6712 KALAMBA ST</b><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><b>6712 KALAMBA ST</b><br>Suite, Apt. #, etc. |  |   |   |
| City & State<br><b>ORLANDO FL</b><br>Zip<br><b>32807</b>  |  | City & State<br><b>ORLANDO, FL</b><br>Zip<br><b>32807</b>           |  | 4. FEI Number<br><b>593823698</b>   |   |
| Country<br><b>ORANGE</b>  |  | Country<br><b>ORANGE</b>  |  | Applied For<br><input checked="" type="checkbox"/> Not Applicable                 |   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required  |  |   |  | 08182006 Chg-LLC CR2E083 (11/05)  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>CAPOLUPO, MICHAEL<br/>6700 KALAMBA STREET<br/>ORLANDO, FL 32807</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>6712 KALAMBA ST</b><br>City <b>ORLANDO</b> FL <b>32807</b> |   |   |
| 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.<br>SIGNATURE <u><i>Michael Capolupo</i></u> <b>MICHAEL CAPOLUPO</b> <span style="float: right;">8-19-06</span><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> |  |   |  |   |   |
| <b>Filing Fee is \$50.00<br/>Due by September 6, 2006</b>   |  |   | <b>Make check payable to<br/>Florida Department of State</b>   |   |   |
| 9. MANAGING MEMBERS/MANAGERS  |  |   | 10. ADDITIONS/CHANGES  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>CAPOLUPO, MICHAEL<br>6700 KALAMBA STREET<br>ORLANDO, FL 32807 | <input type="checkbox"/> Delete                                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>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>Michael Capolupo</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |   |  | 8-19-2006 (407) 229-4130<br><small>Date Daytime Phone #</small>                   |   |