

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000067755

**FILED**  
**Apr 27, 2006**  
**Secretary of State**

**Entity Name:** WOOLBRIGHT SPRINGS PLAZA MEMBER LLC

**Current Principal Place of Business:**

C/O WOOLBRIGHT DEVELOPMENT, INC.  
3200 N. MILITARY TRAIL, 4TH FLOOR  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

C/O WOOLBRIGHT DEVELOPMENT, INC.  
3200 N. MILITARY TRAIL, 4TH FLOOR  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 20-3131750

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOLTON, PETER S ESQ  
505 S. FLAGLER DRIVE, STE. 1100  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

WIENER, DAVID J  
3200 NORTH MILITARY TRAIL  
4TH FLOOR  
BOCA RATON, FL 33431 US

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.

**SIGNATURE:** DAVID J. WIENER

04/27/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES:**

**Title:** MGRM ( ) Change (X) Addition  
**Name:** WOOLBRIGHT HOLDINGS, LLC  
**Address:** 3200 N MILITARY TRAIL 4TH FLOOR  
**City-St-Zip:** BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** DUANE T. STILLER

MGRM

04/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date