2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jan 18, 2007 08:00 AM Secretary of State

FILED

DOCUMENT # L05000106627

1. Entity Name WOLFSON REAL ESTATE, LLC



Principal Place of Business

17001 FALCONRIDGE ROAD LITHIA, FL 33547

Mailing Address

17001 FALCONRIDGE ROAD LITHIA, FL 33547



01142007 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number 20-3793345	 Ĺ	Applied For Not Applicable
5.	Certificate of Status Desired	\$5.00 Fee Re	Additional quired

6. Name and Address of Current Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

DO NOT WRITE IN THIS SPACE

WOLFSON, ROBERT P 17001 FALCONRIDGE ROAD LITHIA, FL 33547

DO NOT WRITE IN THIS SPACE

SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE		
F	lling Fee is \$50.00 ue by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOLFSON, ROBERT P JR. 17001 FALCONRIDGE ROAD LITHIA, FL 33547		Licopoperat 700		
TITLE NAME STREET ADDRESS CHY-ST-ZIP	MGRM WOLFSON, PHILIP MICHAEL 17001 FALCONRIDGE ROAD LITHIA, FL 33547		U00000591762 01/19/07-80029-018 50.00		
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGRM BENJAMIN, CLARE W 17001 FALCONRIDGE ROAD LITHIA, FL 33547	DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
Indicated	certify that the information supplied with this filing does not on this report is true and accurate and that my signature shoulth company or the recent of trustee empowered to expended.	Nation ave the same legal effect as if made under d	bath: that I am a managing member or manager of the		

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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. 1 am familiar with, and accept