2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# L05000116337

Entity Name: WOLFE SISTERS DEVELOPMENT LLC

Current Principal Place of Business:

12481 SW 1ST STREET
PLANTATION, FL 33325

New Principal Place of Business:

Current Mailing Address:

12481 SW 1ST STREET
PLANTATION, FL 33325

New Mailing Address:

FEI Number: 59-3826412 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LA FEMINA, ROSE M ESQ
BUCHANAN INGERSOLL, P.C.
ONE TURNBERRY PLACE #606
AVENTURA, FL 331802320 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	JANSEN, JENNIFER W	
Address:	12481 SW 1ST STREET	
City-St-Zip:	PLANTATION, FL 33325	
Title:	MGRM	( ) Delete
Name:	JANSEN, MICHAEL S	
Address:	12481 SW 1ST STREET	
City-St-Zip:	PLANTATION, FL 33325	
Title:	MGRM	( ) Delete
Name:	WOLFE, LESLIE B	
Address:	12 SCHOOLHOUSE RD.	
City-St-Zip:	MEDFORD, MA 02155	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: JENNIFER W. JANSEN MM 04/26/2006

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