

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000046206

FILED  
Apr 16, 2008  
Secretary of State

Entity Name: WOODEN BRIDGE PARTNERS GP, LLC

**Current Principal Place of Business:**

1951 N.W. 19TH STREET, SUITE 200  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

1951 N.W. 19TH STREET, SUITE 200  
BOCA RATON, FL 33431

**New Mailing Address:**

FEI Number: 20-4660002      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

WHITE, K. TAYLOR  
2200 MUSEUM TOWER, 150 WEST FLAGLER STREET  
MIAMI, FL 33130 US

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

DIFIORE, CORA  
1951 NW 19TH STREET  
200  
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: CORA DIFIORE

04/16/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FALCONE, ARTHUR  
Address: 1951 NW 19TH STREET  
City-St-Zip: BOCA RATON, FL 33431

Title: MGR (X) Delete  
Name: EVASIUS, JOHN  
Address: 1951 NW 19TH STREET  
City-St-Zip: BOCA RATOON, FL 33431

Title: MGR ( ) Delete  
Name: ANTENUCCI, ALBO J JR  
Address: 1951 NW 19TH STREET  
City-St-Zip: BOCA RATON, FL 33431

Title: MGR (X) Delete  
Name: RABINOWITZ, EVAN  
Address: 1951 NW 19TH STREET  
City-St-Zip: BOCA RATON, FL 33431

Title: MGR (X) Delete  
Name: FALCONE, EDWARD  
Address: 1951 NW 19TH STREET  
City-St-Zip: BOCA RATON, FL 33431 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FALCON LAND & DEVELOPMENT, LLC  
Address: 1951 NW 19TH STREET  
City-St-Zip: BOCA RATON, FL 33431

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

Title: M (X) Change ( ) Addition  
Name: ANTENUCCI, ALBO J JR  
Address: 1951 NW 19TH STREET  
City-St-Zip: BOCA RATON, FL 33431

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 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: ARTHUR FALCONE

MGRM

04/16/2008

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