




2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/19/2007-90042-026-\$50.00-\$50.00

DOCUMENT # L06000053299 1. Entity Name WOLFDEN, LLC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 07 SEP 26 PM 12:37 		
Principal Place of Business 1413 WESTBROOK DRIVE SARASOTA, FL 34231				Mailing Address 1413 WESTBROOK DRIVE SARASOTA, FL 34231				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		09122007 Chg-LLC CR2E083 (12/06)		4. FEI Number		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
Zip		Country		Zip		Country		6. Name and Address of Current Registered Agent WEINTRAUB, RICHARD 1413 WESTBROOK DRIVE SARASOTA, FL 34231
7. Name and Address of New Registered Agent Name		Street Address (P.O. Box Number is Not Acceptable)		City		FL Zip Code		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.
SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning). DATE _____								
Filing Fee is \$50.00 Due by September 14, 2007				Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Richard J. Weintraub 1413 Westbrook Drive Sarasota, FL 34231			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS 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: 				9-23-07 941-924-1311				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #				