
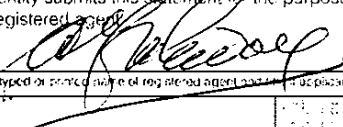



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90227 005 ***143.75

DOCUMENT # L06000101977			
1. Entity Name WOLF AND WOLF ASSOCIATES, LLC			
Principal Place of Business 19465 CAJON DESI DRIVE 9884 SPRINGLAKE CIRCLE ESTERO FL 33928 Font MYERS, FL 33967		Mailing Address 19465 CAJON DESI DRIVE 9884 SPRINGLAKE CIRCLE ESTERO FL 33928 Font MYERS FL 33967	
2. Principal Place of Business - No P.O. Box # 19465 CAJON DESI DRIVE		3. Mailing Address 19465 CAJON DESI DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Font MYERS FL		City & State Font MYERS FL	
Zip 33967	Country LEE	Zip 33967	Country LEE
6. Name and Address of Current Registered Agent WOLF, ALFRED E 9884 SPRINGLAKE CIRCLE ESTERO FL 33928 19465 CAJON DESI DRIVE FT MYERS FL 33967		4. FEI Number 14-1721113	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
7. Name and Address of New Registered Agent Name WOLF, ALFRED E Street Address (P.O. Box Number is Not Acceptable) 19465 CAJON DESI DRIVE City Font MYERS FL Zip Code 33967		1st MOORE CR2E083 (10/07)	
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 		DATE 3/25/08	
<p align="center">FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State</p>			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGRM <input type="checkbox"/> Delete	NAME WOLF, ALFRED E	TITLE MGRM <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME WOLF, ALFRED E
STREET ADDRESS 9884 SPRINGLAKE CIRCLE	CITY-ST-ZIP ESTERO FL 33928	STREET ADDRESS 19465 CAJON DESI DRIVE	CITY-ST-ZIP Font MYERS FL 33967
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **3/25/08**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE