

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000038491

**FILED**  
**Apr 16, 2008**  
**Secretary of State**

**Entity Name:** PRW CONSULTING ASSOCIATES, LLC

**Current Principal Place of Business:**

2500 EAST LAST OLAS BLVD., #904  
FT. LAUDERDALE, FL 33301

**New Principal Place of Business:**

2500 EAST LAST OLAS BLVD.  
#904  
FT. LAUDERDALE, FL 33301

**Current Mailing Address:**

2500 EAST LAST OLAS BLVD., #904  
FT. LAUDERDALE, FL 33301

**New Mailing Address:**

2500 EAST LAST OLAS BLVD.  
#904  
FT. LAUDERDALE, FL 33301

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

WOOLF, PETER R  
2500 E LAS OLAS BOULEVARD  
APT 904  
FORT LAUDERDALE, FL 33301 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: PETER R WOOLF

04/16/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WOOLF, PETER  
Address: 2500 EAST LAST OLAS BLVD., #904  
City-St-Zip: FT. LAUDERDALE, FL 33301

**ADDITIONS/CHANGES:**

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: PETER R WOOLF

MGR

04/16/2008

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