2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008
Secretary of State

DOCUMENT# L07000086811

Entity Name: WOLFE MANAGEMENT ASSOCIATES, LLC

Current Principal Place of Business:

797 WAKEMONT DR.
ORANGE PARK, FL 32065 US

New Principal Place of Business:

Current Mailing Address:

622 SEVENTH ST.
OAKMONT, PA 15139 US

New Mailing Address:

FEI Number: 26-0777318 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOLFE, MICHAEL S
797 WAKEMONT DR
ORANGE PARK, FL 32065 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:	WOLFE, J. M.	
Address:	622 SEVENTH ST	
City-St-Zip:	OAKMONT, PA 15139 US	
Title:	MGRM	( ) Delete
Name:	WOLFE, JANICE W	
Address:	622 SEVENTH ST.	
City-St-Zip:	OAKMONT, PA 15139 US	
Title:	MGRM	( ) Delete
Name:	WOLFE, JEFFERY A	
Address:	1492 N. EASTWIND DR.	
City-St-Zip:	JACKSONVILLE BEACH, FL 32250 US	

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 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: J. M. WOLFE CEO 03/13/2008

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