

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000086811

FILED
Apr 14, 2009
Secretary of State

Entity Name: WOLFE MANAGEMENT ASSOCIATES, LLC

Current Principal Place of Business:

797 WAKEMONT DR.
ORANGE PARK, FL 32065 US

New Principal Place of Business:

474313 E. STATE RD. 200
FERNANDINA BEACH, FL 32034 US

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 (X)

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:

WOLFE, MICHAEL S
85594 KIRKLAND RD.
YULEE, FL 32097 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:

04/14/2009

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

04/14/2009

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