

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000057463

FILED  
May 21, 2009  
Secretary of State

Entity Name: WOODBRIDGE FINANCIAL, LLC

**Current Principal Place of Business:**

2200 WEST CYPRESS CREEK ROAD  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

2100 W CYPRESS CREEK RD  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

2200 WEST CYPRESS CREEK ROAD  
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

2100 W CYPRESS CREEK RD  
FORT LAUDERDALE, FL 33309

FEI Number: 26-2813240      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

MILLER, ALISON W  
1500 WEST FLAGLER STREET, STE 2200  
MIAMI, FL 33130 US

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND ROAD  
PLANTATION, FL 33324 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: BARBARA BURKE

05/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: CFO ( ) Change (X) Addition  
Name: WOODBRIDGE HOLDINGS CORPORATION  
Address: 2100 W CYPRESS CREEK RD  
City-St-Zip: FT LAUDERDALE, FL 33309 US

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: JOHN GRELE

CFO

05/21/2009

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