

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000082017

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** WISE FAMILY VENTURES LLC

**Current Principal Place of Business:**

2408 SIFIELD GREENS WAY  
SUN CITY CENTER, FL 33573

**New Principal Place of Business:**

**Current Mailing Address:**

2408 SIFIELD GREENS WAY  
SUN CITY CENTER, FL 33573

**New Mailing Address:**

**FEI Number:** 27-0818412

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WISE, ANNA L  
2408 SIFIELD GREENS WAY  
SUN CITY CENTER, FL 33573 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:** MGMR  
**Name:** WISE, ANNA L  
**Address:** 2408 SIFIELD GREENS WAY  
**City-St-Zip:** SUN CITY CENTER, FL 33573

**Title:** MGR  
**Name:** WISE, NORMAN L  
**Address:** 2408 SIFIELD GREENS WAY  
**City-St-Zip:** SUN CITY CENTER, FL 33573

**Title:** MGR  
**Name:** WISE, ERIKA L  
**Address:** 1115 BLOOMFIELD  
**City-St-Zip:** HOBOKEN, NJ 07030

I hereby 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:** ANNA WISE

PRES

02/16/2010

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