

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002040

Entity Name: WOLFSDORF ASSOCIATES, LLC

FILED
Jan 09, 2006
Secretary of State

Current Principal Place of Business:

ONE GROVE ISLES
SUITE 804
COCONUT GROVE, FL 33133 US

Current Mailing Address:

ONE GROVE ISLES
SUITE 804
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

ONE GROVE ISLE DRIVE
APT. 804
COCONUT GROVE, FL 33133 US

New Mailing Address:

ONE GROVE ISLE DRIVE
APT. 804
COCONUT GROVE, FL 33133 US

FEI Number: 65-0922329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: WOLFSDORF, JACK
Address: ONE GROVE ISLES DRIVE SUITE 804
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGRM () Delete
Name: WOLFSDORF, KAREN
Address: 2003 WYNDAMERE LANE
City-St-Zip: PARIS, KY 40361

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WOLFSDORF, JACK
Address: ONE GROVE ISLES DRIVE APT. 804
City-St-Zip: COCONUT GROVE, FL 33133

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JACK WOLFSDORF

DR.

01/09/2006

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