

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002040

FILED
Jan 06, 2007
Secretary of State

Entity Name: WOLFSDORF ASSOCIATES, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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:

WOLFSDORF, JACK DR.
ONE GROVE ISLE DRIVE
#804
COCONUT GROVE, FL 33133 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: JACK WOLFSDORF, MD

01/06/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WOLFSDORF, JACK
Address: ONE GROVE ISLES DRIVE APT. 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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: WOLFSDORF, KAREN
Address: 2008 WYNDAMERE LANE
City-St-Zip: PARIS, KY 40361

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.

01/06/2007

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