

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000002222

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** MS WOOLBRIGHT GLADES PLAZA, L.L.C.

**Current Principal Place of Business:**

3200 NORTH MILITARY TRAIL  
4TH FLOOR  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

3200 NORTH MILITARY TRAIL  
4TH FLOOR  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 20-2749128

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WIENER, DAVID J  
3200 NORTH MILITARY TRAIL  
4TH FLOOR  
BOCA RATON, FL 33431 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:** P  
**Name:** STILLER, DUANE J  
**Address:** 3200 NORTH MILITARY TRAIL, 4TH FL  
**City-St-Zip:** BOCA RATON, FL 33431

**Title:** VST  
**Name:** TYRIVER, SORAYA  
**Address:** 3200 NORTH MILITARY TRAIL, 4TH FL  
**City-St-Zip:** BOCA RATON, FL 33431

**Title:** V  
**Name:** MORELL, JORGE  
**Address:** 3200 NORTH MILITARY TRAIL, 4TH FL  
**City-St-Zip:** BOCA RATON, FL 33431

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:** SORAYA TYRIVER

V

04/13/2012

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