

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90077 012 ****50.00

DOCUMENT # M06000004600

1. Entity Name
WOLFTEVER ORLANDO, LLC



Principal Place of Business
**REPUBLIC CENTRE
633 CHESTNUT STREET, SUITE 1320
CHATTANOOGA, TN 37450**

Mailing Address
**REPUBLIC CENTRE
633 CHESTNUT STREET, SUITE 1320
CHATTANOOGA, TN 37450**

60055189



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07092007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5132920

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BARRETT, MICHAEL
2801 CHANCELLORSVILLE DRIVE, APT. 1035
TALLAHASSEE, FL 32312**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ELDER, GEORGE
633 CHESTNUT STREET, SUITE 1320
CHATTANOOGA, TN 37450** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HEALY, JOHN R
633 CHESTNUT STREET, SUITE 1320
CHATTANOOGA, TN 37450** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WOOD, MATTHEW
633 CHESTNUT STREET, SUITE 1320
CHATTANOOGA, TN 37450** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WOOD, ETHAN
633 CHESTNUT STREET, SUITE 1320
CHATTANOOGA, TN 37450** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**111 CEDAR LN.
CHATTANOOGA, TN 37421**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**111 CEDAR LN.
CHATTANOOGA, TN 37421**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #