

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000023448

**Entity Name:** WOOLBRIGHT COVE CENTER LLC

**Current Principal Place of Business:**

2240 NW 19TH STREET  
SUITE 801  
BOCA RATON, FL 33431

**Current Mailing Address:**

2240 NW 19TH STREET  
SUITE 801  
BOCA RATON, FL 33431

**FEI Number:** 26-0259778

**Certificate of Status Desired:** No

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

WIENER, DAVID J  
2240 NW 19TH STREET  
SUITE 801  
BOCA RATON, FL 33431 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:** DAVID J WIENER

04/23/2013

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGING MEMBER  
Name           WOOLBRIGHT COVE CENTER  
                  MEMBER LLC  
Address        2240 NW 19TH STREET  
                  SUITE 801  
City-State-Zip: BOCA RATON FL 33431

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SORAYA TYRIVER

VP

04/23/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date