

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002144

Entity Name: WELLS FAMILY, L.L.C.

FILED  
Aug 04, 2006  
Secretary of State

**Current Principal Place of Business:**

12 MARSH POINT ROAD  
FERNANDINA BEACH, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

7805 GINGERBREAD LANE  
FAIRFAX STATION, VA 22039

**New Mailing Address:**

FEI Number: 02-0538549      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

HEMMER, MARIAN W  
12 MARSH POINT ROAD  
FERNANDINA BEACH, FL 32034      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HEMMER, MARIAN W  
Address: 7805 GINGERBREAD LN.  
City-St-Zip: FAIRFAX STATION, VA 22039

Title: MGRM ( ) Delete  
Name: WELLS, ANNA M  
Address: 7805 GINGERBREAD LANE  
City-St-Zip: FAIRFAX STATION, VA 22039

**ADDITIONS/CHANGES:**

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

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: MARIAN WELLS HEMMER

MGRM

08/04/2006

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