


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000116340 1. Entity Name WELLS EQUITIES, LLC	
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Principal Place of Business 8669 BAYPINE ROAD, SUITE 100 JACKSONVILLE, FL 32256	Mailing Address 8669 BAYPINE ROAD, SUITE 100 JACKSONVILLE, FL 32256
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DO NOT WRITE IN THIS SPACE



02202008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5950732	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SLEIMAN, PETER D
 8669 BAYPINE ROAD, SUITE 100
 JACKSONVILLE, FL 32256

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000886772
 04/18/08-86070-019 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SLEIMAN, PETER D 8669 BAYPINE ROAD, SUITE 100 JACKSONVILLE, FL 32256
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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: PETER D. SLEIMAN Date: 4/4/08 Daytime Phone #: 904-367-5959

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