

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

504261901230
9/14/2004-90067-038-\$50.00-\$50.00

FILED

2004 OCT 11 PM 1:58

DIVISION OF CORPORATIONS,
TALLAHASSEE, FLORIDA



DOCUMENT # L99000005617							
1. Entity Name WELLS ENTERPRISES L.L.C.							
Principal Place of Business 3414 JAPONICA ROAD JACKSONVILLE, FL 32209			Mailing Address 3414 JAPONICA ROAD JACKSONVILLE, FL 32209				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
4. FEI Number 59-3604570				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required <input checked="" type="checkbox"/>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
WELLS, CARLTON J SR 11031 DUVAL ROAD JACKSONVILLE, FL 32218			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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____							
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <i>Pres. Dent</i> WELLS, CARLTON J SR 11031 DUVAL ROAD JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Fin. Secretary</i> Wells, Sonya E. 540 Linton Road JACKSONVILLE, FL 32219	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <i>Vice President</i> MORDECAI, GWENDOLYN W 6553 PERRY STREET JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <i>Treasurer</i> WELLS-ASBERRY, LILLIAN 3200 KINGFISHER DRIVE DECATUR, GA 30034	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer</i> Wells Lillian 240 Winchester Dr Covington, GA 30016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <i>Secretary</i> SMITH, GLORIA W 4929 FREDERICKSBURG AVENUE JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WELLS, NICHELLE E 11031 DUVAL RD JACKSONVILLE, FL 32218	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <i>Business Manager</i> BRICE, NORMA W 2827 ARMSDALE RD JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Sonya E Wells</i>			9/3/04 355-0801				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #				