


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90044 026 ****50.00

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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: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State: _____
Zip: _____ Country: _____



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
WELLS, CARLTON J SR
11031 DUVAL ROAD
JACKSONVILLE FL 32218

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WELLS, CARLTON J SR	
STREET ADDRESS	11031 DUVAL ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MORDECAI, GWENDOLYN W	
STREET ADDRESS	6553 PERRY STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WELLS-ASBERRY, LILLIAN	
STREET ADDRESS	3200 KINGFISHER DRIVE	
CITY-ST-ZIP	DECATUR GA 30034	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SMITH, GLORIA W	
STREET ADDRESS	4929 FREDERICKSBURG AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WELLS, NICHELLE E	
STREET ADDRESS	11031 DUVAL RD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BRICE, NORMA W	
STREET ADDRESS	2827 ARMSDALE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELLS, SONYA E.	
STREET ADDRESS	5410 LISTON RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32219	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Sonya E. Wells* SIGNATURE: **SONYA E. WELLS** 4/28/03 355-0801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)