

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 06, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000001422**

1. Entity Name  
**WELLSPRING PARTNERS LTD. CORP.**



Principal Place of Business  
**1847 OAKBROOK DRIVE  
LONGWOOD, FL 32779**

Mailing Address  
**1847 OAKBROOK DRIVE  
LONGWOOD, FL 32779**



05042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**36-4340943**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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 reissuing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PCD  
SHADE, DAVID M  
123 N. WACKER DRIVE, SUITE 900  
CHICAGO, IL 60606**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
PATTERSON, DENNIS J  
123 N. WACKER DRIVE, SUITE 900  
CHICAGO, IL 60606**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
WHETSELL, GEORGE W  
123 N. WACKER DRIVE, SUITE 900  
CHICAGO, IL 60606**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
TISCORNIA, JOHN F  
123 N. WACKER DRIVE, SUITE 900  
CHICAGO, IL 60606**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
JAMES, JANICE  
123 N. WACKER DRIVE, SUITE 900  
CHICAGO, IL 60606**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000369041  
06/06/05-80003-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **DAVID M. SHADE, PRESIDENT** **312-345-9050**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #