

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90185 024 ***150.00

DOCUMENT # F02000001422 1. Entity Name WELLSRING PARTNERS LTD. CORP.					
Principal Place of Business 1847 OAKBROOK DRIVE LONGWOOD, FL 32779			Mailing Address 1847 OAKBROOK DRIVE LONGWOOD, FL 32779		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 36-4340943	
5. Certificate of Status Desired <input type="checkbox"/>				\$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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when formulating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD SHADE, DAVID M 123 N. WACKER DRIVE, SUITE 900 CHICAGO, IL 60606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RAMONA LACY 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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GORDON MOUNTFORD 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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP STEPHEN FURRY 123 N. WACKER DRIVE, SUITE 900 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPx TREASURER - DIRECTOR TISCORNIA, JOHN F 123 N. WACKER DRIVE, SUITE 900 CHICAGO, IL 60606	<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	VP - DIRECTOR JAMES, JANICE 123 N. WACKER DRIVE, SUITE 900 CHICAGO, IL 60606	<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	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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: <u>David M. Shade</u> DAVID M. SHADE PRESIDENT 312-345-9050					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day: the Phone #					

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