


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90194 005 ****50.00

DOCUMENT # L00000004905 1. Entity Name WELLMAN PROPERTIES, L.L.C.	
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Principal Place of Business 4430 S ORANGE BLOSSOM TR KISSIMMEE, FL 34746	Mailing Address 4430 S ORANGE BLOSSOM TR KISSIMMEE, FL 34746
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DO NOT WRITE IN THIS SPACE

02052004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3643247

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent
**LEFKOWITZ, IVAN M
430 NORTH MILLS AVENUE
ORLANDO, FL 32803**

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

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'SHAUGHNESSY, ROSEMARIE 4430 S ORANGE BLOSSOM TR KISSIMMEE, FL 34746
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IN THIS SPACE**

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: *Rosemarie O'Shaughnessy Mgr* **2/27/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
Rosemarie O'Shaughnessy **407-847-2477**