

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000004905

1. Entity Name  
WELLMAN PROPERTIES, L.L.C.



Principal Place of Business  
4430 S ORANGE BLOSSOM TR  
KISSIMMEE, FL 34746

Mailing Address  
4430 S ORANGE BLOSSOM TR  
KISSIMMEE, FL 34746



01112005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

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, 2005**

U000000323102  
04/22/05-80040-003 50.00

**9. MANAGING MEMBERS/MANAGERS**

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

**DO NOT WRITE  
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Rosemarie O'Shaughnessy

407-847-2477