


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90027 022 \*\*\*\*50.00

<b>DOCUMENT # L00000004905</b>	
1. Entity Name <b>WELLMAN PROPERTIES, L.L.C.</b>	

Principal Place of Business <b>4430 S ORANGE BLOSSOM TR KISSIMMEE, FL 34746</b>	Mailing Address <b>4430 S ORANGE BLOSSOM TR KISSIMMEE, FL 34746</b>
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**20038679**



2. Principal Place of Business <b>3601 S. Orange Blossom Tr.</b>	3. Mailing Address <b>3601 S. Orange Blossom Tr.</b>
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Suite, Apt. #, etc.	Tr.	Suite, Apt. #, etc.	Tr.
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City & State	City & State
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Zip	Country	Zip	Country
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04052006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>59-3643247</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>LEFKOWITZ, IVAN M 430 NORTH MILLS AVENUE ORLANDO, FL 32803</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR O'SHAUGHNESSY, ROSEMARIE 4430 S ORANGE BLOSSOM TR KISSIMMEE, FL 34746</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3601 S. Orange Blossom Trail</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 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.* **4-11-06** **(407) 847-2477**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #