

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007391

**FILED**  
**Jun 20, 2005**  
**Secretary of State**

**Entity Name:** WUNDERLICH INVESTMENT ENTERPRISES, LLC

**Current Principal Place of Business:**

10335 QUAIL CROWN DRIVE  
C/O DR. RICHARD L. WUNDERLICH  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

10335 QUAIL CROWN DRIVE  
C/O DR. RICHARD L. WUNDERLICH  
NAPLES, FL 34119

**New Mailing Address:**

**FEI Number:** 02-0578288      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CLASP INC.  
3001 TAMiami TRAIL NORTH 4TH FLOOR  
NAPLES, FL 34103      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** WUNDERLICH, RICHARD L DR.  
**Address:** 10335 QUAIL CROWN DRIVE  
**City-St-Zip:** NAPLES, FL 34119

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DR. RICHARD L. WUNDERLICH

MGR

06/20/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date