


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90133 033 ****50.00

DOCUMENT # L02000011129					
1. Entity Name WELCH WORKS LLC					
Principal Place of Business 9332 SW 41 LANE GAINESVILLE, FL 32608 US			Mailing Address 9332 SW 41 LANE GAINESVILLE, FL 32608 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 32-0013080	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PETERSON, ERICA W (name change of agent) 9332 SW 41 LANE GAINESVILLE, FL 32608			Name <u>Erica Peterson Connor</u> Street Address (P.O. Box Number is Not Acceptable) <u>9332 SW 41st Lane</u> City <u>Gainesville</u> <u>FL</u> Zip Code <u>32608</u>		
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 <u>Erica Peterson Connor</u> DATE <u>March 12, 2007</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PETERSON, ERICA W 9332 SW 41 LANE GAINESVILLE, FL 32608	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Erica Peterson Connor</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Erica Peterson Connor</u>			<u>March 12, 2007</u> (734) 657-4762 <small>Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #</small>		