


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000014936	
1. Entity Name WF CONSULTING, LLC	

Principal Place of Business 11380 PROSPERITY FARMS RD., STE. 217 PALM BEACH GARDENS, FL 33410	Mailing Address 11380 PROSPERITY FARMS RD., STE. 217 PALM BEACH GARDENS, FL 33410
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DO NOT WRITE IN THIS SPACE



01072004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 27-0022623	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

THIEMANN, DIETER A
11380 PROSPERITY FARMS RD., STE. 217
PALM BEACH GARDENS, FL 33410

**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 _____ (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	MGRM WEIGL HOLDINGS LTD 11386 PROSPERITY FARMS RD. 217 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEIGL HOLDINGS USA, INC 11380 PROSP. FARMS RD. 217 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/29/04-80099-003 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Dieter A Thieman Secy Weigl Holdings USA Inc 1/29/04 561 694-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #