

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L02000014936 1. Entity Name WF CONSULTING, LLC	
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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 <input type="checkbox"/> 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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**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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01/29/04-80099-003 50.00

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 1/27/04 561 694-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #