


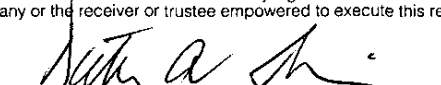
# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90040 026 \*\*\*\*50.00

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # L02000014936</b><br>1. Entity Name<br><b>WF CONSULTING, LLC</b>  |  |  |   |  |  |
| Principal Place of Business<br><b>11380 PROSPERITY FARMS RD., STE. 217<br/>PALM BEACH GARDENS, FL 33410</b>  |  |  | Mailing Address<br><b>11380 PROSPERITY FARMS RD., STE. 217<br/>PALM BEACH GARDENS, FL 33410</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br><b>110A</b>   |  |  | 3. Mailing Address<br>Suite, Apt. #, etc.<br><b>110A</b>  |   |  |
| City & State<br>   |  |  | City & State<br>  |   |  |
| Zip<br>  |  | Country<br>  |   | 4. FEI Number<br><b>27-0022623</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |  |  |   | Applied For<br>Not Applicable   |  |
| <div style="display: flex; justify-content: space-between;"> <div> <b>6. Name and Address of Current Registered Agent</b><br/><br/> <b>THIEMANN, DIETER A</b><br/> <b>11380 PROSPERITY FARMS RD., STE. 217</b><br/> <b>PALM BEACH GARDENS, FL 33410</b> </div> <div> <b>7. Name and Address of New Registered Agent</b><br/>         Name<br/>         Street Address (P.O. Box Number is Not Acceptable)<br/> <b>110A</b><br/>         City<br/> <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> </div> </div> |  |  |   |   |  |
| 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 _____  |  |  |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>  |  | <b>Make check payable to<br/>Florida Department of State</b> |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |  | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>WEIGL HOLDINGS LTD<br>11386 PROSPERITY FARMS RD. 217<br>PALM BEACH GARDENS, FL 33410 | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | STE 110A  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>WEIGL HOLDINGS USA, INC<br>11380 PROSP. FARMS RD. 217<br>WEST PALM BEACH, FL 33401   | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | STE 110A  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 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:**  *mgr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**2/17/05**  
Date

Daytime Phone #

20015984

