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

02-28-2005 90041 045 ***150.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000002387

1. Entity Name
WIEBEL HENNELLS CARUFE URISH POPECK & CO., LLC

Principal Place of Business	Mailing Address
9240 BONITA BEACH ROAD, SUITE 3305 BONITA SPRINGS, FL 34135	9240 BONITA BEACH ROAD, SUITE 3305 BONITA SPRINGS, FL 34135

01122005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
9420 Bonita Beach Road		9420 Bonita Beach Road	
Suite, Apt. #, etc.: Suite 205		Suite, Apt. #, etc.: Suite 205	
City & State: Bonita Springs, FL		City & State: Bonita Springs, FL	
Zip: 34135	Country: USA	Zip: 34135	Country: USA

4. FEI Number: 03-0503189 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WIEBEL, DOUGLAS E
9240 BONITA BEACH ROAD, SUITE 3305
BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 9420 Bonita Beach Road, Suite 205
City: Bonita Springs FL Zip Code: 34135

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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WIEBEL, DOUGLAS E 9240 BONITA BEACH ROAD, SUITE 3305 BONITA SPRINGS, FL 34135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	9420 Bonita Beach Road, Suite 205 Bonita Springs, FL 34135	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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)(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: [signature] Douglas E. Wiebel 2/23/05 239-992-6211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #