


FILED  
Apr 05, 2004 8:00 am  
Secretary of State

03-19-2004 90271 009 \*\*\*\*50.00

2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

<b>DOCUMENT # L03000010368</b>			
1. Entity Name <b>WELLNESS TREK, LLC</b>			
Principal Place of Business <b>728 FOGGY MORN LANE BRADENTON, FL 34212</b>		Mailing Address <b>728 FOGGY MORN LANE BRADENTON, FL 34212</b>	
2. Original Place of Mailing		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>WEBER, SUSAN F 728 FOGGY MORN LANE BRADENTON, FL 34212</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <i>Susan F Weber</i>		DATE <b>3-17-04</b>	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b><del>OWNER</del> MGRM Susan Weber 728 FOGGY MORN LANE Bradenton FL 34212</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 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: <i>Susan F Weber</i>		DATE <b>3-17-04</b> 8136619411	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	