


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90203 032 ****50.00

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| DOCUMENT # L03000011673 | |  |
| 1. Entity Name WELLESLEY, LLC | | |

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| Principal Place of Business 255 S. ORANGE AVE., STE. 1700 ORLANDO, FL 32801 | Mailing Address 255 S. ORANGE AVE., STE. 1700 ORLANDO, FL 32801 |
|---|---|

40010010



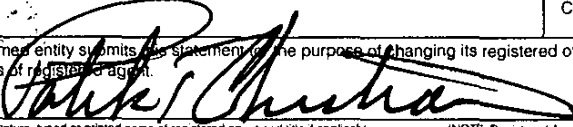
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| 2. Principal Place of Business 420 South Orange Avenue | 3. Mailing Address 420 South Orange Avenue |
| Suite, Apt. #, etc. Suite 1200 | Suite, Apt. #, etc. Suite 1200 |
| City & State Orlando, Florida | City & State Orlando, Florida |
| Zip 32801 | Country USA |

01192006 Chg-LLC CR2E083 (11/05)

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| 4. FEI Number 56-2346745 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent CHRISTIANSEN, PATRICK T ESQ 255 S. ORANGE AVE., STE. 1700 ORLANDO, FL 32801 | |
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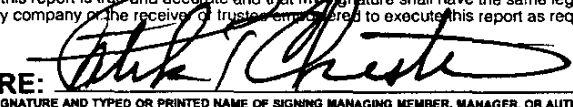
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| 7. Name and Address of New Registered Agent | |
| Name Patrick T. Christiansen | |
| Street Address (P.O. Box Number is Not Acceptable) 420 South Orange Avenue, Suite 1200 | |
| City Orlando | Zip Code FL 32801 |

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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 3/7/06 |

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| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Patrick T. Christiansen | | Filing Fee is \$50.00 Due by May 1, 2006 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR REAL ESTATE COLLABORATIVE, LLC 550 IVANHOE PLAZA ORLANDO, FL 32804 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Real Estate Collaborative, LLC 722 Vassar Street Orlando, Florida 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 exemptions contained in Chapter 119, 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:  | DATE 3/7/06 DAYTIME PHONE # 407.423.4000 |