

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # L03000011673 | |
| 1. Entity Name WELLESLEY, LLC | |
| Principal Place of Business 420 S ORANGE AVE STE 1200 ORLANDO, FL 32801 | Mailing Address P O BOX 231 ORLANDO, FL 32802 |



04202007 No Chg-LLC

CR2E083 (11/05)

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|------------------------------------|--|
| 4. FEI Number 56-2346745 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 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 420 S ORANGE AVE STE 1200 ORLANDO, FL 32801 |
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IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR REAL ESTATE COLLABORATIVE, LLC 722 VASSAR ST ORLANDO, FL 32804 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/30/07

(407) 398-6056