

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90039 033 ***138.75

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**

60037742



2. Principal Place of Business - No P.O. Box #
722 Vassar St.

3. Mailing Address
PO BOX 547037

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292008 Chg-LLC CR2E083 (12/06)

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
56-2346745

Applied For
Not Applicable

Zip
32804 Country
USA

Zip
32854-7037 Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHRISTIENSEN, PATRICK T ESQ
420 S ORANGE AVE STE 1200
ORLANDO, FL 32801**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
REAL ESTATE COLLABORATIVE, LLC
722 VASSAR ST
ORLANDO, FL 32804** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

James W. Kersey

4/28/08 407-398-6656

Date

Daytime Phone #