

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90253 028 \*\*\*\*50.00

<b>DOCUMENT # L03000012776</b>					
<b>1. Entity Name</b> MOE'S WELLINGTON, LLC					
<b>Principal Place of Business</b> 10200 FOREST HILL BLVD SUITE 150 WELLINGTON, FL 33414			<b>Mailing Address</b> 232 SOUTH DILLARD ST. WINTER GARDEN, FL 34787		
<b>2. Principal Place of Business - No P.O. Box #</b>  Suite, Apt. #, etc.		<b>3. Mailing Address</b> PO Box 616703 Suite, Apt. #, etc.			
<b>City &amp; State</b>  City: Orlando FL		<b>City &amp; State</b> Orlando FL		<b>4. FEI Number</b> 57-1161656	
<b>Zip</b> 32816-6703		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  DEHISLE, STEVEN 232 SOUTH DILLARD STREET WINTER GARDEN, FL 34787			<b>7. Name and Address of New Registered Agent</b> Name: _____ Street Address (P.O. Box Number is Not Acceptable): 1515 PARK CENTER DRIVE SUITE 2D City: ORLANDO FL Zip Code: 32835		
<b>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.</b>  SIGNATURE: <u>[Signature]</u> DATE: <u>4-25-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGR DELISLE, STEVEN A 232 SOUTH DILLARD ST. WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	1515 PARK CENTER DRIVE SUITE 2D ORLANDO FL 32835	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGR BURDICK, MIKE 232 SOUTH DILLARD ST. WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	1515 PARK CENTER DRIVE SUITE 2D ORLANDO FL 32835	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <u>STEVEN DELISLE</u> <u>4-25-07 407-395-0001</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					