


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90064 015 ***143.75

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DOCUMENT # L03000025144		
1. Entity Name WELP DENVER, L.C.		
Principal Place of Business 5211 INTERNATIONAL DRIVE C/O ESTEIN & ASSOCIATES USA, LTD. ORLANDO, FL 32819	Mailing Address 5211 INTERNATIONAL DRIVE C/O ESTEIN & ASSOCIATES USA, LTD. ORLANDO, FL 32819	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	

c/o Estein & Associates USA Ltd, 4705 S. Apopka Vineland Road Suite 201 Orlando, Fla. 32819	c/o Estein & Associates USA Ltd, 4705 S. Apopka Vineland Road Suite 201 Orlando, Fla. 32819	02072008 Chg-LLC CR2E083 (12/06)	4. FEI Number 65-1196178	Applied For <input type="checkbox"/> Not Applicable
USA	USA		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BOOSE CASEY CIKLIN LUBITZ MARTENS MCBANE & O'CONNELL 515 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reconstating) 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 ESTEIN, LOTHAR 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESTEIN, LOTHAR 4705S. Apopka Vineland Rd, Suite 201 Orlando, Fla. 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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

2/12/08

Date

(407) 909-2200

Daytime Phone #