2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000025299

1. Entity Name
WELP CHICAGO, L.C.



Principal Place of Business _

SIGNATURE:

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

FILED Feb 23, 2005 08:00 AM Secretary of State



X

DO NOT WRITE IN THIS SPACE

02172005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 54-2117023

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

(407) 354-3307

Daytime Phone #

2/18/2005

Date

5. Name and Address of Current Registered Agent

VEGOSEN, DEAN 515 NORTH FLAGLER DRIVE, 18TH FLOOR BOOSE CASEY CIKLIN LUBITZ MARTENS WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

iliq obligations on registered agents.			
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE Ragistered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ESTEIN MANAGEMENT CORPORATION 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			927237 (5-80017-008 55.00)
TITLE NAME STREET ADDRESS CITY+ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		7	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.			

- Lothar Estein

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

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