


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000039270		
1. Entity Name WENDT INVESTMENT ENTERPRISES, LLC		
Principal Place of Business C/O 693 CORAL DR. NPALES, FL 34102	Mailing Address C/O 693 CORAL DR. NPALES, FL 34102	



DO NOT WRITE IN THIS SPACE

01212005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0333253	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CLASP INC. 3001 TAMiami TRAIL NORTH, 4TH FLOOR NAPLES, FL 34103

**DO NOT WRITE
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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WENDT, TIMOTHY M 336 2ND AVE NORTH NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WENDT, ELIZABETH A H 693 CORAL DRIVE NAPLES, FL 34102
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02/19/05-80004-012 55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 authorized to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **TIMOTHY M. WENDT MGRM**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Day/Time Phone #

239-434-2966
FEB. 16, 2005