

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039270

FILED  
Feb 13, 2006  
Secretary of State

Entity Name: WENDT INVESTMENT ENTERPRISES, LLC

**Current Principal Place of Business:**

C/O 693 CORAL DR.  
NPALES, FL 34102

**New Principal Place of Business:**

C/O 693 CORAL DR.  
NAPLES, FL 34102

**Current Mailing Address:**

C/O 693 CORAL DR.  
NPALES, FL 34102

**New Mailing Address:**

C/O 693 CORAL DR.  
NAPLES, FL 34102

FEI Number: 20-0333253

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CLASP INC.  
3001 TAMIAMI TRAIL NORTH, 4TH FLOOR  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WENDT, TIMOTHY M  
Address: 336 2ND AVE NORTH  
City-St-Zip: NAPLES, FL 34102

Title: MGRM ( ) Delete  
Name: WENDT, ELIZABETH A H  
Address: 693 CORAL DRIVE  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WENDT, TIMOTHY M  
Address: 5035 YACHT HARBOR DRIVE, #101  
City-St-Zip: NAPLES, FL 34112

Title: MGR (X) Change ( ) Addition  
Name: WENDT, ELIZABETH ANNE H  
Address: 693 CORAL DRIVE  
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TIMOTHY M. WENDT

MGR

02/13/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date