

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

03-01-2004 90317 012 ****50.00

DOCUMENT # L03000041031		
1. Entity Name WELLS BOYS PROPERTY MANAGEMENT LLC		

Principal Place of Business 901 S. ATLANTIC AVENUE COCOA BEACH, FL 32931	Mailing Address 901 S. ATLANTIC AVENUE COCOA BEACH, FL 32931
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

34005075



02132004 Chg-LLC CR2E083 (10/03)

FEI Number 42-1607340	Applied For Not Applicable
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6. Certificate of Status Desired: ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name WELLS, JEFFERY W		Name	
Street Address (P.O. Box Number is Not Acceptable) 901 S. ATLANTIC AVENUE COCOA BEACH, FL 32931		Street Address (P.O. Box Number is Not Acceptable)	
City FL		City	
Zip Code		Zip Code	

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 reinstating) DATE: _____

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to: Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WELLS, JEFFERY W 901 S. ATLANTIC AVENUE COCOA BEACH, FL 32931 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 	Date: 2/18/04	Daytime Phone #: 1-321-969-3661
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