

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000019423

1. Entity Name
WELLS SR 54, LLC



Principal Place of Business
**509 GUI SANDO DE AVILA, STE 100
TAMPA, FL 33613**

Mailing Address
**509 GUI SANDO DE AVILA, STE 100
TAMPA, FL 33613**



02072006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STRALEY, MARK K ESQ
100 E MADISON STREET, SUITE 300
TAMPA, FL 33602**

**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, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
SR 54 INVESTMENT PROPERTIES LLC
509 GUI SANDO DE AVILA, STE 200
TAMPA, FL 33613**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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000000443292
03/04/06-80057-007 50.00

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

2/15/06

Date

813-883-5810

Daytime Phone #