


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90116 003 ***138.75

DOCUMENT # L04000028576	
1. Entity Name WIEBAT, LLC	

Principal Place of Business 2603 S.E. 17TH STREET, SUITE A OCALA, FL 34471	Mailing Address 2603 S.E. 17TH STREET, SUITE A OCALA, FL 34471
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60002568



2. Principal Place of Business - No P.O. Box # 2201 SE 30th Avenue	3. Mailing Address 2201 SE 30th Avenue
Suite, Apt. #, etc. Suite 201	Suite, Apt. #, etc. Suite 201
City & State Ocala FL	City & State Ocala FL
Zip 34471	Country USA

01072008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent WEICHENS, CHRISTOPHER S 2603 S.E. 17TH STREET, SUITE A OCALA, FL 34471	7. Name and Address of New Registered Agent Name Wiechens, Christopher S Street Address (P.O. Box Number is Not Acceptable) 2201 SE 30th Avenue Suite 201 City Ocala FL Zip Code 34471
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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.

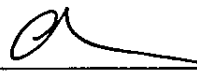
SIGNATURE  **Christopher S. Wiechens** DATE **1/8/08**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	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	MGRM WIECHENS, CHRISTOPHER S 2603 S.E. 17TH STREET, SUITE A OCALA, FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BATSEL, ROBERT P.O. BOX 2530 OCALA, FL 34478 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **Christopher S. Wiechens** DATE **1/8/08** DAYTIME PHONE # **352-622-3214**

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