

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033612

Entity Name: JOHN C. WELLS, LLC

FILED  
Apr 22, 2005  
Secretary of State

## Current Principal Place of Business:

9951 ATLANTIC BLVD  
SUITE 303  
JACKSONVILLE, FL 32225

## New Principal Place of Business:

3625 MILLCREST DRIVE  
JACKSONVILLE, FL 32277

## Current Mailing Address:

9951 ATLANTIC BLVD  
SUITE 303  
JACKSONVILLE, FL 32225

## New Mailing Address:

3625 MILLCREST DRIVE  
JACKSONVILLE, FL 32277

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WELCH, DELORES S  
9951 ATLANTIC BLVD  
SUITE 303  
JACKSONVILLE, FL 32225 US

## Name and Address of New Registered Agent:

WELCH, DELORES S  
3625 MILLCREST DRIVE  
JACKSONVILLE, FL 32277 US

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: DELORES S. WELCH

04/22/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: WELLS, JOHN C  
Address: 9951 ATLANTIC BLVD SUITE 303  
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGR ( ) Delete  
Name: WELCH, DELORES S  
Address: 9951 ATLANTIC BLVD SUITE 303  
City-St-Zip: JACKSONVILLE, FL 32225

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: WELLS, JOHN C  
Address: 3625 MILLCREST DRIVE  
City-St-Zip: JACKSONVILLE, FL 32277

Title: MGR (X) Change ( ) Addition  
Name: WELCH, DELORES S  
Address: 3625 MILLCREST DRIVE  
City-St-Zip: JACKSONVILLE, FL 32277

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DELORES S WELCH

MGR

04/22/2005

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