

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90040 019 \*\*\*\*50.00

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<b>DOCUMENT # L04000037189</b> 1. Entity Name <b>EUROPEAN WELLCARE REALTY I, LLC</b>					
Principal Place of Business <b>14 BELGRAVE GARDENS LONDON NW8 ORB ENGLAND, XX XX</b>			Mailing Address <b>14 BELGRAVE GARDENS LONDON NW8 ORB ENGLAND, XX XX</b>		
2. Principal Place of Business, No P.O. Box # <b>c/o Esquire Consolidated Ltd. Francis House, Sir William Place Suite, Apt. #, etc. St. Peter Port</b>		3. Mailing Address <b>c/o Ronald P. Glantz, Esq. Suite, Apt. #, etc. 7951 SW 6th Street, Ste. 100</b>		06272007 Chg-LLC CR2E083 (12/06)	
City & State <b>Guernsey, Channel Island</b>		City & State <b>Plantation, FL 33324</b>		4. FEI Number <b>APPLIED FOR</b>	
Zip <b>ENGLAND</b>		Zip <b>33324</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GLANTZ, RONALD P ESQ 7951 SW 6TH STREET STE. 100 PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO TREON, ANOUP 14 BELGRAVE GARDENS, LONDON NW8 ORB ENGLAND, XX</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO TREON, ANOUP 28 Welbeck Street LONDON W1G 8EW ENGLAND</b> <input checked="" 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		
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		
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		
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		
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		
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.					
<b>SIGNATURE: RONALD P. GLANTZ</b>			<b>7.3.07 954.424.1200</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE As Authorized Representative					