2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008
Secretary of State

DOCUMENT# L04000037189

Entity Name: EUROPEAN WELLCARE REALTY I, LLC

Current Principal Place of Business:

C/O ESQUIRE CONSOLIDATED LTD
FRANCIS HSE, SIR WILLIAM PL ST.PETER PORT
GUERNSEY, CHANNEL ISL, ENG., XX

New Principal Place of Business:

C/O ESQUIRE CONSOLIDATED LTD
FRANCIS HSE, SIR WILLIAM PL ST.PETER PORT
GUERNSEY, CHANNEL ISL, XX XX UK

Current Mailing Address:

C/O RONALD P. GLANTZ, ESQ.
7951 SW 6TH STREET, STE 100
PLANTATION, FL 33324

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GLANTZ, RONALD P ESQ
7951 SW 6TH STREET STE. 100
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: CEO ( ) Delete
Name: TREON, ANOUP
Address: 28 WELBECK ST
City-St-Zip: LONDON, ENG, WIG8EW XX

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ANOUP TREON CEO 05/06/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date