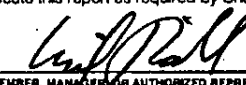


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-06-2005 90027 016 ***150.00

DOCUMENT # L04000057371 1. Entity Name VESTWELL, L.L.C.					
Principal Place of Business 921 EAST PARKER STREET LAKELAND, FL 33801			Mailing Address 921 EAST PARKER STREET LAKELAND, FL 33801		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 34-2013604	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent TIDWELL, WINDEL 921 EAST PARKER STREET LAKELAND, FL 33801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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: _____ DATE: _____ (NOTE: Registered Agent signature required when reappointing)		
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M.G.R.M. Windel Tidwell 921 East Parker Street Lakeland, FL 33801	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M.G.R.M. Joe DeSilvestro 921 East Parker Street Lakeland, FL 33801	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete		☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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: Windel Tidwell 				Date: 4/1/05 863-686-9496	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

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