2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068292

Entity Name: WEL, LC

FILED Apr 13, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1232 MARKET CIRCLE, UNIT 2-B 1232 MARKET CIRCLE

PORT CHARLOTTE, FL 33953 PORT CHARLOTTE, FL 33953

Current Mailing Address: New Mailing Address:

1232 MARKET CIRCLE, UNIT 2-B 1232 MARKET CIRCLE

PORT CHARLOTTE, FL 33953 PORT CHARLOTTE, FL 33953

FEI Number: 20-1836705 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OAKS, DAVID K OAKS, DAVID K

407 EAST MARION AVENUE, SUITE 101 407 EAST MARION AVENUE, SUITE 101

CHARLOTTE, FL US CHARLOTTE, FL 33950 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: DAVID K. OAKS 04/13/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 HELM, WALTER
 Name:
 HELM, WALTER E

 Address:
 1232 MARKET CIRCLE, UNIT 2-B
 Address:
 1232 MARKET CIRCLE

 City-St-Zip:
 PORT CHARLOTTE, FL 33953
 City-St-Zip:
 PORT CHARLOTTE, FL 33953

Title: MGR () Delete Title: () Change () Addition

 Name:
 HELM, EILEEN
 Name:

 Address:
 15 MILL ROAD
 Address:

 City-St-Zip:
 WOOLWICH, NJ 08085
 City-St-Zip:

Title: () Delete Title: MGR () Change (X) Addition

Name:Name:HELM, LINDA LAddress:Address:1232 MARKET CIRCLECity-St-Zip:City-St-Zip:PORT CHARLOTTE, FL 33953

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: WALTER HELM MGR 04/13/2005