2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2007
Secretary of State

DOCUMENT# L04000068292

Entity Name: WEL, LC

Current Principal Place of Business:

1232 MARKET CIRCLE
PORT CHARLOTTE, FL 33953

New Principal Place of Business:

Current Mailing Address:

1232 MARKET CIRCLE
PORT CHARLOTTE, FL 33953

New Mailing Address:

FEI Number: 20-1836705 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

OAKS, DAVID K
407 EAST MARION AVENUE, SUITE 101
CHARLOTTE, FL 33950 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: MGR ( ) Delete
Name: HELM, WALTER E
Address: 1232 MARKET CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: MGR ( ) Delete
Name: HELM, EILEEN
Address: 15 MILL ROAD
City-St-Zip: WOOLWICH, NJ 08085

Title: MGR ( ) Delete
Name: HELM, LINDA L
Address: 1232 MARKET CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33953

ADDITIONS/CHANGES:

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

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

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: WALTER E HELM MGR 07/11/2007

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