


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90127 024 *****50.00

| | | | | | |
|---|-------------------------|---------------------------------|--|---|-----------------------------------|
| DOCUMENT # L04000086276 | | | |  | |
| 1. Entity Name WEC PROPERTIES, LLC. | | | | | |
| Principal Place of Business 2768 HARVEST DRIVE SARASOTA FL 34240 | | | Mailing Address 2768 HARVEST DRIVE SARASOTA FL 34240 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-1986036 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent EDWARDS, STEPHEN P 7012 74TH ST. CIRCLE E. BRADENTON FL 34203 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | WINKLER, EDGAR C | | NAME | | |
| STREET ADDRESS | 2768 HARVEST DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL 34240 | | CITY-ST-ZIP | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | WINKLER, LOIS C | | NAME | | |
| STREET ADDRESS | 2678 HARVEST DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL 34240 | | CITY-ST-ZIP | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | EDWARDS, STEPHEN P | | NAME | | |
| STREET ADDRESS | 7012 74TH ST. CIRCLE E. | | STREET ADDRESS | | |
| CITY-ST-ZIP | BRADENTON FL 34203 | | CITY-ST-ZIP | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | COSSEY, TIM J | | NAME | | |
| STREET ADDRESS | 5921 WILDWOOD AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL 34231 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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: *Edgar C Winkler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/27/05
Date

941-377-2345
Daytime Phone #