

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090226

**FILED**  
**Apr 05, 2005**  
**Secretary of State**

**Entity Name:** WELLS LAKE PARTNERS, LLC

**Current Principal Place of Business:**

851 S.E. MONTEREY COMMONS BLVD.  
STUART, FL 34996

**New Principal Place of Business:**

851 S.E. MONTEREY COMMONS BLVD.  
STUART, FL 349963337

**Current Mailing Address:**

851 S.E. MONTEREY COMMONS BLVD.  
STUART, FL 34996

**New Mailing Address:**

851 S.E. MONTEREY COMMONS BLVD.  
STUART, FL 349963337

**FEI Number:** 20-2097912

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KRAMER, ROBERT S  
853 S.E. MONTEREY COMMONS BLVD.  
STUART, FL 34996 US

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

KRAMER, ROBERT S  
853 S.E. MONTEREY COMMONS BLVD.  
STUART, FL 349963337 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: \_\_\_\_\_

04/05/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: GRANITE POINT, LLC,  
Address: 851 S.E. MONTEREY COMMONS BLVD.  
City-St-Zip: STUART, FL 34996

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GRANITE POINT, LLC,  
Address: 851 S.E. MONTEREY COMMONS BLVD.  
City-St-Zip: STUART, FL 349963337

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: WILLIAM C. FOWLER

MGRM

04/05/2005

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