

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001154

FILED  
Apr 28, 2007  
Secretary of State

**Entity Name:** DR. ROGER L. WELTON & ASSOCIATES, LLC

**Current Principal Place of Business:**

2600 WEST NEW HAVEN AVE.  
WEST MELBOURNE, FL 32904 US

**New Principal Place of Business:**

**Current Mailing Address:**

1396 HILL AVE.  
MELBOURNE, FL 32940 US

**New Mailing Address:**

491 WYNFIELD CIRCLE  
ROCKLEDGE, FL 32955 US

**FEI Number:** 32-0134164

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WELTON, ROGER L  
1396 HILL AVE.  
MELBOURNE, FL 32940 US

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

WELTON, ROGER L  
491 WYNFIELD CIRCLE  
ROCKLEDGE, FL 32955 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:**

04/28/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WELTON, MELISSA M  
Address: 1396 HILL AVE.  
City-St-Zip: MELBOURNE, FL 32940 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WELTON, MELISSA M  
Address: 491 WYNFIELD CIRCLE  
City-St-Zip: ROCKLEDGE, FL 32955 US

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:** MELISSA M. WELTON

MGR

04/28/2007

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