


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # L05000022036 1. Entity Name WELNIA, LLC	
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Principal Place of Business 300 INTERNATIONAL PARKWAY HEATHROW, FL 32746	Mailing Address 300 INTERNATIONAL PARKWAY HEATHROW, FL 32746
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DO NOT WRITE IN THIS SPACE



05012007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2613162	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent O'CONNOR, MICHAEL J 300 INTERNATIONAL PARKWAY HEATHROW, FL 32746
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

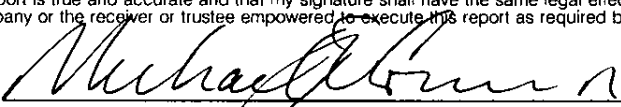
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CENTRAL STATES ENTERPRISES, INC 300 INTERNATIONAL PARKWAY HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OYLER, TOM 300 INTERNATIONAL PARKWAY HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'CONNOR, MICHAEL J 300 INTERNATIONAL PARKWAY HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRIMSLEY, STEVE 300 INTERNATIONAL PARKWAY HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/29/07-80033-002 55.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **5-1-07 407-357**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 4204