2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 09, 2008 8:00 am
Secretary of State
09-09-2008 90031 024 ***138.75

DOCUMENT # L05000055889

1. Entity Name
WELLS REALTY GROUP, LLC

Principal Place of Business	Mailing Address
2937 WHISPER LANE SOUTH CLEARWATER, FL 33762 US	2937 WHISPER LANE SOUTH CLEARWATER, FL 33762 US

08042008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1834 Oakdale Lane N.	1834 Oakdale Lane N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater, Fl	City & State: Clearwater, Fl
Zip: 33764 Country: US	Zip: 33764 Country: US

4. FEI Number: 20-3067399 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WELLS, JEFFREY S
2937 WHISPER LANE SOUTH
CLEARWATER, FL 33762

7. Name and Address of New Registered Agent

Name: Wells, Jeffrey S.
Street Address (P.O. Box Number is Not Acceptable): 1834 Oakdale Lane N.
City: Clearwater FL Zip Code: 33764

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] ~~President~~ Jeffrey S. Wells Manager DATE: 9/5/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	MGR	☑ Change ☐ Addition
NAME	WELLS, JEFFREY S		NAME	Wells, Jeffrey S.	
STREET ADDRESS	2937 WHISPER LANE SOUTH		STREET ADDRESS	1834 Oakdale Lane N.	
CITY-ST-ZIP	CLEARWATER, FL 33762		CITY-ST-ZIP	Clearwater, Fl 33764	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 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: [signature] Jeffrey S. Wells 9/5/08 727-481-3210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #