2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000069386

1. Entity Name
W.E.G. PROPERTIES, LLC

Principal Place of Business	Mailing Address
10 PALMETTO DRIVE	10 PALMETTO DRIVE
STUART, FL 34996	STUART, FL 34996

DO NOT WRITE IN THIS SPACE

04172007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-3432073	Not Applicable

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

6. Name and Address of Current Registered Agent

GELLER, WILLIAM E
10 PALMETTO DRIVE
STUART, FL 34996

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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	MGRM
NAME	GELLER, WILLIAM E
STREET ADDRESS	10 PALMETTO DRIVE
CITY-ST-ZIP	STUART, FL 34996
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _William E. Geller_   WILLIAM E. GELLER   4/25/07   772-781-0323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #