


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:01

DOCUMENT # L05000073421 1. Entity Name WESOL PROPERTIES, LLC	
---	---

Principal Place of Business 942 NIBLICK DRIVE CASSELBERRY, FL 32707	Mailing Address 942 NIBLICK DRIVE CASSELBERRY, FL 32707
---	---

2. Principal Place of Business	3. Mailing Address	09152006 Chg-LLC CR2E083 (11/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 20-3207281
City & State	City & State	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required



6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WESOL, GERALD A 942 NIBLICK DRIVE CASSELBERRY, FL 32707	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: *Gerald A. Wesol* (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$50.00 Due by September 15, 2006		Make check payable to Florida Department of State
--	--	--

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESOL, GERALD A		NAME	300080002493	
STREET ADDRESS	942 NIBLICK DRIVE		STREET ADDRESS	09/20/06--01052--006	**50.00
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gerald A. Wesol* Date: _____ Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE