

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000096847

1. Entity Name  
WELLER CREEK PROPERTIES LLC



Principal Place of Business  
1991 ADMIRALTY BLVD.  
ROCKLEDGE, FL 32955 US

Mailing Address  
P.O. BOX 560482  
ROCKLEDGE, FL 32956-0482 US



01072007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3573607

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

TIMKO, BRUCE J  
1991 ADMIRALTY BLVD.  
ROCKLEDGE, FL 32955

**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 rehashing)

DATE \_\_\_\_\_

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

000000581760  
01/11/07-80004-018 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
MGRM  
TIMKO, BRUCE J TRUSTEE  
STREET ADDRESS  
1991 ADMIRALTY BLVD.  
CITY-ST-ZIP  
ROCKLEDGE, FL 32955

TITLE  
NAME  
MGRM  
HARRIS, MICHAEL R  
STREET ADDRESS  
1416 HIGHLAND DR.  
CITY-ST-ZIP  
LAKE GENEVA, WI 53147

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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: Bruce J. Timko **BRUCE J. TIMKO** 1-8-07 321-508-0558

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

Date

Daytime Phone #