

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-01-2006 90222 006 ****50.00

DOCUMENT # L05000117185 1. Entity Name HOLTGERS WELLINGTON PROPERTIES, LLC					
Principal Place of Business 2884 HURLINGHAM DRIVE WELLINGTON, FL 33414			Mailing Address 2884 HURLINGHAM DRIVE WELLINGTON, FL 33414		
2. Principal Place of Business 3560 AMBASSADOR DR.		3. Mailing Address 3560 AMBASSADOR DR.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State WELLINGTON, FL		City & State WELLINGTON, FL			
Zip 33414		Country USA		4. FFI Number 391-50-2729	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent F & L CORP. ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name ELEN VAN DYKE HOLTGERS Street Address (P.O. Box Number is Not Acceptable) 3560 AMBASSADOR DR. City WELLINGTON FL Zip Code 33414		
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 <u><i>Ellen Van Dyke Holtgers</i></u> ELEN VAN DYKE HOLTGERS DATE 2/16/06 <small>Signature, typed or printed name of registered agent and not applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	MEMBER-MANAGING MEMBER Change <input checked="" type="checkbox"/> Addition ELEN VAN DYKE HOLTGERS 3560 AMBASSADOR DR. WELLINGTON, FL 33414	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Ellen Van Dyke Holtgers</i></u> ELEN VAN DYKE HOLTGERS, MEMBER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 2/16/06 Daytime Phone # 561-832-9232		



ATTACHMENT
30002593

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2006

HOLTGERS WELLINGTON PROPERTIES, LLC
3560 AMBASSADOR DRIVE
WELLINGTON, FL 33414

Subject: **HOLTGERS WELLINGTON PROPERTIES, LLC**

Reference Number: **L05000117185**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CD

ANNUAL REPORTS SECTION