

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000117376

Entity Name: WELK ENTERPRISES, LLC

FILED
Mar 22, 2006
Secretary of State

Current Principal Place of Business:

433 E. TARPON AVENUE
TARPON SPRINGS, FL 34688 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 639
TARPON SPRINGS, FL 34688 US

New Mailing Address:

FEI Number: 02-0761909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWOPE, SCOTT P J.D.
2450 SUNSET POINT ROAD
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RAMSAY, PATRICK
Address: 433 E. TARPON AVENUE
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: MGRM () Delete
Name: MELTON, MICHAEL
Address: 433 E. TARPON AVENUE
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RAMSAY, PATRICK
Address: P.O BOX 639
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: MGRM (X) Change () Addition
Name: MELTON, MICHAEL
Address: P.O. BOX 639
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: MGRM () Change (X) Addition
Name: ROUSE, ROBERT
Address: P.O. BOX 639
City-St-Zip: TARPON SPRINGS, FL 34688

Title: MGRM () Change (X) Addition
Name: 4-SIGHT MARKETING, I, NC.
Address: P.O. BOX 639
City-St-Zip: TARPON SPRINGS, FL 34688

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SUSAN POIRIER

MGRM

03/22/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date