

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000117376

Entity Name: WELK ENTERPRISES, LLC

FILED
Jan 10, 2007
Secretary of State

Current Principal Place of Business:

433 E. TARPON AVENUE
TARPON SPRINGS, FL 34688 US

New Principal Place of Business:

26 PINECREST PLAZA
136
SOUTHERN PINES, NC 28387 US

Current Mailing Address:

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

New Mailing Address:

26 PINECREST PLAZA
136
SOUTHERN PINES, NC 28387 US

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: MELTON, MICHAEL
Address: P.O. BOX 639
City-St-Zip: TARPON SPRINGS, FL 34688 US

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MELTON, MICHAEL
Address: 26 PINECREST PLAZA #136
City-St-Zip: SOUTHERN PINES, NC 28387 US

Title: MGRM (X) Change () Addition
Name: ROUSE, ROBERT
Address: 26 PINECREST PLAZA #136
City-St-Zip: SOUTHERN PINES, NC 28387 US

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: MICHAEL MELTON

MGRM

01/10/2007

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