


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90259 030 ***138.75

DOCUMENT # L06000003183	
1. Entity Name WELLINGTON GROUP ENTERPRISES, LLC	

Principal Place of Business 2700 NORTH MILITARY TRAIL, SUITE 150 BOCA RATON, FL 33431	Mailing Address 2700 NORTH MILITARY TRAIL, SUITE 150 BOCA RATON, FL 33431
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2. Principal Place of Business - No P.O. Box # 16074 ROSECROFT TERRACE	3. Mailing Address 16074 ROSECROFT TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Delray Beach, Florida	City & State Delray Beach, Florida
Zip 33446	Zip 33446
Country USA	Country USA

01022008 Chg-LLC CR2E083 (12/06)

4. FEI Number 83-0444445	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent TRISTINO, JOHN R 16074 ROSECROFT TERRACE DELRAY BEACH, FL 33446	
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TRISTINO, JOHN R 16074 ROSECROFT TERRACE DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: John R Tristino 5/1/08 54818 5396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #