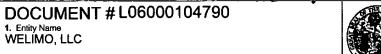
2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT



FILED Mar 01, 2007 8:00 am Secretary of State 03-01-2007 90193 014 ****50.00

WELIMO					Ì	33-01-2007	2012 <u>3</u> 01	. 7 3	0.00
Principal Place of Business Mailing Address 2060 SOUTH PATRICK DRIVE 2060 SOUTH PATRICK DR INDIAN HARBOUR BEACH, FL 32937 INDIAN HARBOUR BEACH,				32937	Harrigan an ark	I BANK FINN SEUK BRIG	ı ileri genil êlên		16 4 AL 1164
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address			a managara				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02172007	Chg-LLC	CR2E08	3 (12/06)	
City & State		City & State		4. FEI Number	-0.1-01			pplied For at Applicable	
Zip	Country Zip		Count	try	5. Certificate of S	tatus Desired		5.00 Add ee Require	
	6. Name and Address of Current F	Registered Agent			7. Name and Ad	dress of New Re	gistered A	gent	
				Name					
GATTI, DOROTHEA S 2060 SOUTH PATRICK DRIVE INDIAN HARBOUR BEACH, FL 32937				Street Address (P.O. Box Number is	Not Acceptable)		
				City			FL	Zip Cod	e
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 reinstating) DATE									
	Opening, typecon printer none or registered agent a	to the ii applicaba. (NO12	. nogszere.	7 Agent signature required	witer responding/		DATE		
Filing Fee is \$50.00 Due by May 1, 2007							check pa Departme	-	B.
9.	MANAGING MEMBEI	I. RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOROTHER GATTI 122 LOGGER HERD	TESTAND DR	TEFLE NAME STREE	ET ADDRESS				☐ Change	Addition
IIILE	SATELLITE BEACH		TITLE	-ST-ZIP				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	MURA K. HALEX, TR TOHO N WICKHAM RE MELBOURNE, FI. 329	SIOI & TIUZ	•	E et address -st-zip					
TITLE		☐ Delete	ITTLE					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				et address -St-Zip					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	•	1				☐ Change	☐ Addition
TITLE NAME		☐ Delete	TITLE	E				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME	Ē				☐ Chànge	☐ Addition
STREET ADDRESS CITY-SI-ZIP				et address - St-Zip			· ,		
11. I hereby	certify that the information supplied with	this filing does not qualify for	the exer	mptions contained	in Chapter 119, Flor	ida Statutes. I fu	ther certify	that the info	rmation

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

7.77.01

321.773-6914 Daytime Phone #

Date