2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Feb 04, 2008 8:00 am Secretary of State DOCUMENT # L07000066180 02-04-2008 90133 008 ***138.75 WELLINGTON PROPERTY GROUP, LLC 60002000 Principal Place of Business Mailing Address 560 VILLAGE BLVD SUITE 120 560 VILLAGE BLVD SUITE 120 WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33409 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 06-1821543 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUDDY, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 560 VILLAGE BLVD SUITE 120 WEST PALM BEACH, FL 33409 Zip Code FI 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 Agen) signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State 1000 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Monasing Member TITLE ☐ Change ☐ Addition TITLE ☐ Delete Christophar Ruddy NAME NAME 560 Village Blud, Ste 120 STREET ADDRESS STREET ADDRESS West Polm Beach FL 33409 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete □ Change ■ Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filling 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. limited liability company or the recei

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1/29/08 561-686-1160