

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000056421

**FILED  
Apr 10, 2012  
Secretary of State**

**Entity Name:** WELLNESS REAL ESTATE HOLDING, LLC

**Current Principal Place of Business:**

C/O AI GROUP, LLC  
1019 TOWN CENTER DR., STE. 200  
ORANGE CITY, FL 32763

**New Principal Place of Business:**

**Current Mailing Address:**

AI GROUP, LLC  
1019 TOWN CENTER DR., STE. 200  
ORANGE CITY, FL 32763

**New Mailing Address:**

FEI Number: 26-3839395

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WANAMAKER, JOHN  
1019 TOWN CENTER DRIVE  
SUITE 200  
ORANGE CITY, FL 32763 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  
Name: WELLNESS REAL ESTATE HOLDING MANAGER LLC  
Address: 1019 TOWN CENTER DRIVE, STE. 200  
City-St-Zip: ORANGE CITY, FL 32763

I hereby 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: WELLNESS REAL EST. HOLDING MGR.

MGR

04/10/2012

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