




FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT #L93000000410			
WELP LAS VEGAS OUTLET, L.C. 5211 INTERNATIONAL DR. ORLANDO FL 32819		1a. Principal Place of Business Address 5211 INTERNATIONAL DR. ORLANDO FL 32819			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/23/1993	
City & State		City & State		4. FEI Number	
Zip		Country		59-3210109	
5. Date of Last Report		6. Certificate of Status Desired		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
02/26/1996		SB 75 Additional Fee Required <input checked="" type="checkbox"/>			
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent		
LEWIS, VEGOSEN & ROSENBAUGH, P.A. 500 S AUSTRALIAN AVENUE 10TH FLOOR WEST PALM BEACH FL 33401			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	ESTEIN, LOTHAR	5211 INTERNATIONAL DRIVE		ORLANDO FL 600002152366--1 -04/23/97--01092--018 ****212.50 ****212.50 	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 		Lothar E. Estein		4/9/97 407 354-3307	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	