File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.									
ANNUAL REPORT					retary o			ILEO RY OF STATE CORPORATIONS	LA,
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE								9 PM 4= 12	-1/10
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L93000000410]		
Е9300000						00410	1a. Principal Pl	ace of Business Address	s
WELP LAS VEGAS OUTLET, L.C. 5211 INTERNATIONAL DR. ORLANDO FL 32819							5211 INTERNATIONAL DR. ORLANDO FL 32819		
2. Principal Place of Business 2a.				. Mailing Address			3. Date Organized or Qualified 3a. State of Formation		
Sulte, Apl. #, etc.			Suite, A	Suite, Apt. #, etc.			11/23/1993 FL 4. FEI Number Applied For		
City & State			City & State				59-3210109		
Zip		Country	Zip		Count		5. Date of Last i	\$8.75	rtificate of Status Desired
7. Name and Address of Current Registere				l Agent	<u> </u>	8. I Name	04/21/1997 Name and Address of New Registered Agent/Office		
500 10TH WEST	BEACH FL 334		-		s (P.O. Box Number is Not Acceptable) etc. 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 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE									
10. Title				Business Street Address			,	City, State a	nd Zip Code
MGRM	M ESTEIN, LOTHAR			5211 INTERNATIONAL			DRIVE ORLANDO FL		
							1000024570417 -03/13/9801092017 *****197.50 *****197.50		
11. Idoher	reby certify that	the information supplied wi	th this filling at	oes not qualify fr	or the exe	emption stated in Sec	tion 119 07(3) (i) E	jorida Statutes Hutbord	artify that the information
limited liabi	n this annual re	eport is true and accurate a ir the receiver or trustee err	ind that my s	ionature shall ha	ave the s	ame legal effect as i	f made under oath	: that I am a mananinn m	ember or manager of the

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

40.7 - 3.54 - 3.30.7 Date Davime Proce #