## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L95000000089**

1. Entity Name
WELP MEMPHIS OUTLET, L.C.



FILED Feb 04, 2004 08:00 AM Secretary of State

Principal Place of Business

5211 INTERNATIONAL DRIVE ORLANDO, FL 32819 Mailing Address

5211 INTERNATIONAL DRIVE ORLANDO, FL 32819



01202004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3295420 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

ESTEIN, LOTHAR 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819

## DO NOT WRITE IN THIS SPACE

		""	THO OF ACE
	named entity submits this statement for the purpose of char irons of registered agent	1 aging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and trie if applicable.	(NOTE: Registered Agent agniture required when constaining)	DATE
Fi D:	iling Fee is \$50.00 ue by May 1, 2004	BOOK INSPECTOR SERVING IN PROCESSING	50A3 E
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ESTEIN, LOTHAR 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000031595 02/04/04-80156-003 55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZP		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			

11.	is necessary that the information supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information
	indicated on this report is true and accurate and that my signature shall have the same logal 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.
	minute the my desired of the reserver of the second to discount and report as required by enougher each, thereas distincts.

SIGNATURE:

CRY-ST-ZP

100

Lothar Estein

1-78-04

(407) 354-3307

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

Date

Daytime Phone #