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



	D LIABILITY NNUAL RE 1997			Sanc Se	ira B. Mo cretary of S		FI	LED			
ILING \$ 203.	FEE Mak	Annual Report \$1 e Check Payab	le To: FLORI	DA DEPA	ARTMENT	OF STATE	97 JAN 2	9 PH 4:		:	
1. Name and Mailing Address of Limited Liability Company DOCUMENT #L96000001112							SECRETARY OF STATE TALL AHASSEF, FLORIDA 18.7 Principal Place of Business Address				
WETJEN ASSOCIATES, L.C.							1a. Principal Plac	1a. Principal Place of Business Address			
30218 FAIRWAY DR.							80218 FAIRWAY DR.				
WESLEY CHAPEL FL 33543							WESLEY CHAPEL FL 33543				
If above mailing address is incorrect in any way, line through incorrect if 2. Principal Place of Business 2a. Mailing					and enter com	ection in Block 2a.	3. Date Organiza	d or Qualified	3a. State of	Formation	
2. Philopair race or positions							10/18/1996 FL				
Suite, Apt.	#, etc.	**	Suite, Ap	it. #, etc.			4. FEI Number			Analisat For	
				25. 8 22.			Applied For				
City & Sta	9		City & St	City & State			59-3407751				
Zip		Country	Zip	·	Countr	у	5. Date of Last R	seport		of Status Desired	
							NA		\	ral five Biographic	
	7. Name (and Address of Cui	rrent Registered	Agent		Name	8. Name and Add	dress of New Registered Agent			
1021.8 7551/61		Y DR. 1. FL 3354				Suite, Apt. #, (FL	Zip Code	unance of changing	
its registe	red office or regis	ons of Sections 608 stered agent, or both, accept the obligation	, in the State of Fic	3, Florida Sta orida. Such c	atutes, the at hange was a	ove-named iimi uthori≱ed by affii	ited liability company s rmative vote of a majorii	ly of the membe	rs. I nereby acc	ept the appointment	
SIGNATU	IRE	(Registered Agent Acc	enting Appointment)	(NOTE Registers	E Registered Agent signature required when rematating)			DATE			
10. Title Managing Members/Managers				1	Business Street Address			City	, State and Zip	Code	
	vetjen, vetjen,	ROLF G	·		FAIRW FAIRW	AY DR.	ï	esley	CHAPEL	FL	
							70	-01/30 *****2	1/97-01 103.75	0075 076007 ****203.75	
					lif. for the or		a Cartian 119 07/3\/i\	Florida Statutas	Ifurther certifi	v that the information	

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 of 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:

Rolf G. Wetjen TURE AND TYPEO OR PRINTED NAME OF BIGNING MANAGING MEMBER OR MANAGER