


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L96000001112 1. Entity Name WETJEN ASSOCIATES, L.C.			
Principal Place of Business 12440 LAKE JOVITA BLVD DADE CITY, FL 33525		Mailing Address 12440 LAKE JOVITA BLVD DADE CITY, FL 33525	
DO NOT WRITE IN THIS SPACE			
		01172004 No Chg-LLC CR2E083 (10/03)	
4. FEI Number 59-3407751		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WETJEN, ROLF G 12440 LAKE JOVITA BLVD DADE CITY, FL 33525		DO NOT WRITE IN THIS SPACE	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small> DATE _____			
Filing Fee is \$50.00 Due by May 1, 2004			
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WETJEN, ROLF G 12440 LAKE JOVITA BLVD DADE CITY, FL 33525		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WETJEN, GLORIA G 12440 LAKE JOVITA BLVD DADE CITY, FL 33525		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I 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 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 606, Florida Statutes.			
SIGNATURE: <u>Rolf Wetjen</u> <u>Gloria Wetjen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		1/17/04 813-781-4977 <small>Date Daytime Phone #</small>	