

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L97000000598

1. Entity Name
WELP COMMONS, L.C.



Principal Place of Business
**10TH FL., 500 S. AUSTRALIAN AVE.
WEST PALM BEACH, FL 33401**

Mailing Address
**5211 INTERNATIONAL DRIVE
ORLANDO, FL 32819-9452**



01202004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3450088	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**ESTEIN, LOTHAR
5211 INTERNATIONAL DRIVE
ORLANDO, FL 32819**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renovating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ESTEIN, LOTHAR
STREET ADDRESS	5211 INTERNATIONAL DR.
CITY-ST-ZIP	ORLANDO, FL 32819

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE: _____

Lothar Estein

Date

1-28-04 (407) 354-3307

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

Daytime Phone #