

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90064 016 \*\*\*143.75

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02072008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L97000000598</b>			
1. Entity Name <b>WELP COMMONS, L.C.</b>			
Principal Place of Business <b>10TH FL., 500 S. AUSTRALIAN AVE. WEST PALM BEACH, FL 33401</b>		Mailing Address <b>5211 INTERNATIONAL DRIVE ORLANDO, FL 32819-9452</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>4705 S. Apopka Vineland Rd</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 201</b>	
City & State		City & State <b>Orlando, FLA.</b>	
Zip	Country	Zip	Country
<b>32819</b>	<b>USA</b>	<b>32819</b>	<b>USA</b>
4. FEI Number <b>59-3450088</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>ESTEIN, LOTHAR 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819</b>		7. Name and Address of New Registered Agent <b>Estein, Lothar 4705 S. Apopka Vineland Road Suite 201 Orlando, Fla. 32819</b>	
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, from 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 reinstating)</small>		DATE _____	
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESTEIN, LOTHAR 5211 INTERNATIONAL DR. ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Estein, Lothar 4705 S. Apopka Vineland Road, Suite 201 Orlando, FL 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		2/12/08 (407) 909-2200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	