


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L98000000986 1. Entity Name WELAKA PHARMACY, L.L.C.	
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Principal Place of Business 698 3RD AVENUE WELAKA, FL 32193	Mailing Address 1125 NORTH SUMMIT STREET CRESCENT CITY, FL 32112-1721
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DO NOT WRITE IN THIS SPACE



04112006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3520637	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 BUTLER, WILLIAM E 1125 NORTH SUMMIT STREET CRESCENT CITY, FL 32112

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2006**

000000549861
05/12/06-80079-018 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP FLETCHER, WARREN D 1125 NORTH SUMMIT STREET CRESCENT CITY, FL 32112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRS BUTLER, WILLIAM E 1125 N SUMMIT ST CRESCENT CITY, FL 32112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRV GILPIN, TERRY 1025 GREENWOOD BLVD #175 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Wm E. Butler* **WILLIAM E. BUTLER** *4/21/06* **(386) 698-3737**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #