## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L99000001343					Feb 09, 2004 08:00 AM Secretary of State				
WELLMA					and the desired state of the st		, 01 2		
Principal Place of Business Mailing Address					-				
5714 MUIRFIELD VILLAGE CIRCLE 5714 MUIRFIELD VILLAGE CI				RCLE					
	TH FL 33463	LAKE WÖRTH FL 33463						<b>FO. 4</b> 11117 <b>010 00</b> 1111	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt #, etc.		Suite, Apt. #, etc.			MOORE CR2E083 (11/03)				
City & State		City & State			4. FEI Nun	65-0913101		Not	plied For I Applicable
Zip	Gountry	Zip				ate of Status Desired	Fe	5.00 Addi e Required	
	6. Name and Address of Current R				7. Name and Address of New Registered Agent				
WELLMAN, NICHOLAS P				Name					
571	4 MUIRFIELD VILLAGE CIRCI Œ WORTH FL 33463	Stree		Street Address	(P.O. Box Nun	nber is Not Acceptable)			
				City				Zip Code	
A 7/				•			FL	•	
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 reinstaturg)  DATE									
•				EE IS \$50.00	1000				
Make Check Payable to Flo					nt of State				
Due By May 1, 2004									
9.	MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS/C	HANGES		
TITLE	MGRM	☐ Delete	TRILE				Ε	] Change	☐ Addition
NAME	WELLMAN, NICHOLAS P		NAME	į.		Unnaannaa	101		
STREET ADDRESS CITY-ST-ZIP	5714 MUIRFIELD VILLAGE CIRCLE LAKE WORTH FL 33463			ET ADDRESS - ST - ZIP		U000000042 02/10/04-800	154 19-017	EO ÓO	
TITLE	MGRM Delete		TITLE			051 101 04-000		30.00 Change	☐ Addition
NAME	WELLMAN, JOAN E	T Destre	NAME	}			L	7 ೧೫೪೪	L_1 Addition
STREET ADDRESS	5714 MUIRFIELD VILLAGE CIRCLE		STREI	ET ADDRESS					
CITY - ST - ZIP	LAKE WORTH FL 33463		CITY-	-\$7-ZIP					_
TIRLE		☐ Defete	IIILE	1		•		Change	☐ Addition
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THILE		☐ Defete	TITLE	3				Change	Addition
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NAME		Land Parette	NAME					T cumilia	Car radition
STREET ADDRESS			1	ET ADDRESS					
CITY-SI-ZIP			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 608, Florida Statutes.									

SIGNATURE PLANT DELLA PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE OGGO DELLA PROPERTIES DAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**