


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 09, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L99000001343 |  |
| 1. Entity Name WELLMAN L.L.C. | |

| | |
|---|---|
| Principal Place of Business 5714 MUIRFIELD VILLAGE CIRCLE LAKE WORTH FL 33463 | Mailing Address 5714 MUIRFIELD VILLAGE CIRCLE LAKE WORTH FL 33463 |
|---|---|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |



MOORE CR2E083 (11/03)

| | |
|---|---|
| 4. FEI Number 65-0913101 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WELLMAN, NICHOLAS P 5714 MUIRFIELD VILLAGE CIRCLE LAKE WORTH FL 33463 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM WELLMAN, NICHOLAS P 5714 MUIRFIELD VILLAGE CIRCLE LAKE WORTH FL 33463 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U000000042164 02/10/04-80012-017 50.00 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM WELLMAN, JOAN E 5714 MUIRFIELD VILLAGE CIRCLE LAKE WORTH FL 33463 <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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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 Nicholas P. Wellman **NICHOLAS P. WELLMAN** 02/06/04 (361) 965-2759