

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004177

Entity Name: THE WELCH GROUP, LLC

FILED
May 02, 2007
Secretary of State

Current Principal Place of Business:

4400 E. HWY 20
304 MERCHANT'S WALK
NICEVILLE, FL 32578

New Principal Place of Business:

4400 E HWY 20
304 MERCHANTS WALK
NICEVILLE, FL 32578

Current Mailing Address:

4400 E. HWY 20
304 MERCHANT'S WALK
NICEVILLE, FL 32578

New Mailing Address:

4400 E HWY 20
304 MERCHANTS WALK
NICEVILLE, FL 32578

FEI Number: 03-0415194 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WELCH, STEVEN T
4399 COMMONS DR E STE 300
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

WELCH, STEVEN T
4400 E HWY 20
304 MERCHANTS WALK
NICEVILLE, FL 32578 US

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.

SIGNATURE: STEVEN T WELCH

05/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WELCH, STEVEN T
Address: 8915 MOOR PARK RUN 1ST FLOOR
City-St-Zip: DULUTH, GA 30097

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WELCH, STEVEN T
Address: 4400 E HWY 20 STE 304
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVEN T WELCH

MGR

05/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date