


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90036 003 \*\*\*\*50.00

**DOCUMENT # L04000082728**

1. Entity Name  
**WILSON JAMES DEVELOPMENT CO., LLC**



Principal Place of Business      Mailing Address  
**8585 MIDNIGHT PASS ROAD**      **8585 MIDNIGHT PASS ROAD**  
**SARASOTA, FL 34242**      **SARASOTA, FL 34242**

**20000398**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01052006    Chg-LLC      CR2E083 (11/05)

4. FEI Number      Applied For  
**20-1894691**      Not Applicable

5. Certificate of Status Desired       **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**JAMES, E.R.**  
**8585 MIDNIGHT PASS ROAD**  
**SARASOTA, FL 34242**

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

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

Make check payable to  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE      MGR       Delete  
 NAME      JAMES, E R  
 STREET ADDRESS      8585 MIDNIGHT PASS ROAD  
 CITY-ST-ZIP      SARASOTA, FL 34242

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      MGR       Delete  
 NAME      WILSON, CHARLES H III  
 STREET ADDRESS      2341 PORTER LAKE DRIVE, #207  
 CITY-ST-ZIP      SARASOTA, FL 34240

TITLE      MGR       Change       Addition  
 NAME      *Wilson, Charles H.*  
 STREET ADDRESS      *8221 Blairig Court*  
 CITY-ST-ZIP      *Sarasota, FL 34240*

TITLE       Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Delete  
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TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *E. Russell King*      Date: *1-9-06*      Daytime Phone #: *941-346-9332*