

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036272

FILED  
Apr 20, 2007  
Secretary of State

Entity Name: DOS COLINAS & WILSON LLC

## Current Principal Place of Business:

4124 N RIVERSIDE DRIVE  
TAMPA, FL 33603 US

## New Principal Place of Business:

3920 FONTAINEBLEAU DRIVE  
TAMPA, FL 33634 US

## Current Mailing Address:

4124 N RIVERSIDE DRIVE  
TAMPA, FL 33603 US

## New Mailing Address:

3920 FONTAINEBLEAU DRIVE  
TAMPA, FL 33634 US

FEI Number: 20-2595759

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILSON, DARREN  
4124 N RIVERSIDE DRIVE  
TAMPA, FL 33603 US

## Name and Address of New Registered Agent:

WILSON, DARREN  
3920 FONTAINEBLEAU DRIVE  
TAMPA, FL 33634 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:

04/20/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: WILSON, DARREN  
Address: 4124 N RIVERSIDE DRIVE  
City-St-Zip: TAMPA, FL 33603 US

Title: MGRM (X) Delete  
Name: HILL, RYAN M  
Address: 4124 N RIVERSIDE DRIVE  
City-St-Zip: TAMPA, FL 33603 US

Title: MGRM (X) Delete  
Name: HILL, EARL R  
Address: 2916 BAYSHORE VISTA DRIVE  
City-St-Zip: TAMPA, FL 33611 US

Title: MGRM (X) Delete  
Name: SKYRMS, DEBORAH  
Address: 61 MARTINIQUE  
City-St-Zip: TAMPA, FL 33606 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: WILSON, DARREN  
Address: 3920 FONTAINEBLEAU DRIVE  
City-St-Zip: TAMPA, FL 33634 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DARREN A. WILSON

MGRM

04/20/2007

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