

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000001464

**FILED**  
**Jan 12, 2005**  
**Secretary of State**

**Entity Name:** RALPH R. WILKINSON, DC, PL

**Current Principal Place of Business:**

3737 BAHIA VISTA STREET, UNIT 5  
SARASOTA, FL 34232

**New Principal Place of Business:**

3737 BAHIA VISTA STREET  
UNIT #5  
SARASOTA, FL 34232

**Current Mailing Address:**

3737 BAHIA VISTA STREET, UNIT 5  
SARASOTA, FL 34232

**New Mailing Address:**

3737 BAHIA VISTA STREET  
UNIT #5  
SARASOTA, FL 34232

**FEI Number:** 31-7421322

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILKINSON, RALPH R  
3737 BAHIA VISTA STREET, UNIT 5  
SARASOTA, FL 34232 US

**Name and Address of New Registered Agent:**

WILKINSON, RALPH R  
3737 BAHIA VISTA STREET  
UNIT #5  
SARASOTA, FL 34232 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:**

01/12/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGRM ( ) Delete  
**Name:** WILKINSON, RALPH R  
**Address:** 3737 BAHIA VISTA STREET, UNIT 5  
**City-St-Zip:** SARASOTA, FL 34232

**ADDITIONS/CHANGES:**

**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 Section 119.07(3)(i), 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:** RALPH R. WILKINSON

MGRM

01/12/2005

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