

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018880

**FILED**  
**Apr 22, 2008**  
**Secretary of State**

**Entity Name:** WILKINSON ENTERPRISES, LLC

**Current Principal Place of Business:**

9440 PHILIPS HIGHWAY  
#1  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

10175 FORTUNE PKWY  
#1004  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

9440 PHILIPS HIGHWAY  
#1  
JACKSONVILLE, FL 32256

**New Mailing Address:**

10175 FORTUNE PKWY  
#1004  
JACKSONVILLE, FL 32256

FEI Number: 02-0666444

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILKINSON, FREDERICK M  
9440 PHILIPS HWY  
SUITE 1  
JACKSONVILLE, FL 32256 US

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

WILKINSON, FREDERICK M  
10175 FORTUNE PKWY  
#1004  
JACKSONVILLE, FL 32256 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: \_\_\_\_\_

04/22/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WILKINSON, FREDERICK M  
Address: 9440 PHILIPS HIGHWAY SUITE 1  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WILKINSON, FREDERICK M  
Address: 10175 FORTUNE PKWY UNIT 1004  
City-St-Zip: JACKSONVILLE, FL 32256

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: FREDERICK M WILKINSON

MGR

04/22/2008

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