LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT	T (UBR) Feb 27, 2002 8:00 a)
DOCUMENT # L01000022330 1. Entity Name	Secretary of State 02-27-2002 90059 041 ****50.00
WILLSON CONSULTING, LLC	
DO NOT WRITE IN THIS S	,
2. Principal Place of Business 7575 Pelican E	Bax Bluch
Suite, Apt. #, etc. Suite, Apt. #, etc. / 40/	DO NOT WRITE IN THIS SPACE
City & State NAPLES FL City & State NAPLES FL	4. FEI Number Applied For Not Applicab
34108 Country A 394108	Country 5. Certificate of Status Desired \$5.00 Additional Fee Required
DO NOT WRITE	Name PETER WILLOW Street Address (P.O. Box Number is Not Acceptable)
IN THIS SPACE	Apt 1401 City /VAPLES FL Zip Sod 108
8. The above named entity submits this statement for the purpose of changing it	2/15/2002
Signature, typed or printed name of registered agent and title if applicable. Make Check P	FEE IS \$50.00 Payable to Department of State DUE BY MAY 1
MANAGING MEMBERS/MANAGERS MITIE MANAGING MEMBERS/MANAGERS	TITLE
NAME Peter L WILLSON STREET ADDRESS 7575 Petrom Bay Blvd #1401 Naples) FL 34108	NAME STREET ADDRESS CITY-ST-ZIP
TITLE VAME STREET ADDRESS	TITLE NAME STREET ADDRESS
TITLE VAME STREET ADDRESS	CITY-ST-ZIP TITLE NAME STHEET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP DO NOT WRITE
vame Street address City-St-Zip	TITLE IN THIS SPACE STREET ADDRESS CITY-SI-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME STREET ADORESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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 ecciver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGN