2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000022330

1. Entity Name

SIGNATURE:

WILLSON CONSULTING, LLC



FILED Jul 22, 2003 8:00 am Secretary of State 07-22-2003 90038 040 ****50.00

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Suite, Apt. #, etc. Suite, Apt. #, etc.	7575 PELICAN BAY BLVD., APT. 1401		7575 PELICAN BAY BLVD., APT. 1401			•				
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S. Name and Address of Current Registered Agent WILLSON, PETER LEE 7575 PELICAN BAY BLVD, APT. 1401 NAPLES FL 34108 City City FL Zip Code Ci	City & State	0	City & State .		•	4. FEI Num	^{ber} 52-2174677		<u> </u>	
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Street Address (P.O. Box Number is Not Acceptable)	1A/II /	CON DETERME	Name							
E. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature	757	5 PELICAN BAY BLVD., APT. 1401				Street Address (P.O. Box Number is Not Acceptable)				
B. 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	NAP	LES FL 34100								
SIGNATURE Survive of the protection are all registered agent and see 1 explication (NOTE Registered Apent Signature required when retirerating) DATE		•			City		•	FL	Zip Cod	е
Signature, hybrid or printed name of registered agent at the Explicacion (NOTE: Registered agent at sequester Agent agents are agressive required when reventalizing) P. MANAGING MEMBERS / MANAGERS 10. ADDITIONS/CHANGES TITLE MARK MILSON, PETER L 7575 PELICAN BAY BLVD., #1401 NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS			r the purpose of changing i	its registere	ed office or registe	ered agent, or b	oth, in the State of Flori	da. I am fa	miliar with,	and accept
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11. Thereby 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	CITY-ST-ZIP			CITY-	ST-ZIP					}
indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a magaging member of manager will like	11. I hereby of indicated	ertify that the information supplied with on this report is true and accurate and	this filing does not qualify f that my signature shall have	for the exen e the same	nption stated in S legal effect as if	ection 119.07(3)(i), Florida Statutes. I fo h; that I am a managin	urther certif	y that the ir	nformation

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE