

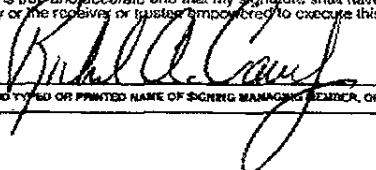
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Nelson Wilson Const.

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**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000018165		
1. Entity Name WILSON-CAWLEY, LLC		
Principal Place of Business 104 DEGAS DRIVE NOKOMIS, FL 34275		Mailing Address 104 DEGAS DRIVE NOKOMIS, FL 34275
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WILSON, NELSON J 104 DEGAS DRIVE NOKOMIS, FL 34275		DO NOT WRITE IN THIS SPACE
8. 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, typed or printed name of registered agent and title, if applicable. (NOTARY Public or Agent signature required when not a designee)		
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILSON, NELSON 104 DEGAS DR NOKOMIS, FL 34275	DO NOT WRITE IN THIS SPACE U00000125386 04/22/04-80083-012 50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CAWLEY, RICHARD 100 FARM RD SHERBORN, MA 01770	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: 		4-12-04 508650-3419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #