

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027756

FILED  
Jul 11, 2005  
Secretary of State

**Entity Name:** WILZARA PROPERTY MANAGEMENT GROUP LLC

**Current Principal Place of Business:**

245 SANDRIDGE COURT  
ALPHARETTA, GA 30022

**New Principal Place of Business:**

**Current Mailing Address:**

245 SANDRIDGE COURT  
ALPHARETTA, GA 30022

**New Mailing Address:**

FEI Number: 05-0537066      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

JOHNSTON, JUDY  
740 SOUTH GULF VIEW BLVD.  
CLEARWATER, FL 33767 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LAZZARA, SHEILA  
Address: 5012 SEVILLE LN  
City-St-Zip: FLOWER MOUND, TX 75028

Title: MGR ( ) Delete  
Name: LAZZARA, PAUL  
Address: 5012 SEVILLE LN  
City-St-Zip: FLOWER MOUND, TX 75028

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PRES ( ) Change (X) Addition  
Name: WILSON, WILLIAM D PRES  
Address: 245 SANDRIDGE COURT  
City-St-Zip: ALPHARETTA, GA 30022

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: BILL WILSON

PRES

07/11/2005

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