


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000028871 1. Entity Name WILSON BOULEVARD CENTER, LLC	
---	---

Principal Place of Business 3785 AIRPORT ROAD NORTH, SUITE B-1 NAPLES, FL 34105	Mailing Address 3785 AIRPORT ROAD NORTH, SUITE B-1 NAPLES, FL 34105
---	---

DO NOT WRITE IN THIS SPACE



02142004No Chg-LLC CR2E083 (10/03)

4. FEI Number 42-1557289	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

RYNDERS, DAVID W
2375 TAMiami TRAIL NORTH, SUITE 308
NAPLES, FL 34103

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOOVER, WILLIAM 3785 AIRPORT RD N, STE B-1 NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

000000059417
02/20/04-80080-025 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Wm Hoover 2-17-04 239-403-8899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #