2005 LIMITED LIABILITY COMPANY

FILED 2005 08:00 AM

ANNUAL REPORT			Wiar 16, 2005 08:00
DOCU	IMENT # L02000030902		Secretary of State
1. Entity Nar	me -		,
JIM WILL	DER & ASSOCIATES, LLC		
Principal Plac	ce of Business Mailing Address		
102 OAKHIL FT. WALTON	LL AVE PO BOX 3274 N BEACH, FL 32547 FT. WALTON BEACH, FL 325	47	
<u> </u>		<u> </u>	
DO NOT WRITE IN THIS SPACE			02172005 No Chg-LLC
_	o not white in this sir	IOL	4. FEI Number Applied For 13-4280727 Not Applied be
			5. Certificate of Status Desired S5.00 Additional Fee Required
	6. Name and Address of Current Registered Agent		
WILDER, JAMES R 102 OAKHILL AVE. FT. WALTON BEACH, FL 32547			DO NOT WRITE IN THIS SPACE
8. The above	e named entity submits this statement for the purpose of changing its registe	ered office or register	ed agent, or both, in the State of Florida. I am familiar with, and accept
the obliga	tions of registered agent.		
SIGNATURE.	Signature, typed of printed name of registered agent and title if applicable (NOTE Register	red Agent signature required	A CONTRACTOR OF THE CONTRACTOR
	priluginte, Ahoro a, businte utata ou rehistano affaus to on title is abhuveante.	reg Agent signame requesor	when reinstaking) DATE
Filing Fee is \$50.00 Due by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME	MGRM WILDER, JAMES R	1	
STREET ADDRESS	102 OAKHILL AVE.	. J	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547		Hononocaaos
TITLE		7	000000264421 03/16/05-80015-013 50.00
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11. I hereby certify that the information supplied with this filling 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN R. WILL Jano R. Wilder
SIGNATURE SIGNATURE AND OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

2/17/05

850-642-0901