2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE: J. Wilson

DOCUMENT # L02000033948 1. Entity Name WILSON AUTO LLC							Jan 28, 2004 08:00 AM Secretary of State				
640 E. WASHINGTON STREET				Mailing Address 640 E. WASHINGTON STREET MONTICELLO FL 32344							
2. Principal Place of Business :				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				MOORE	CR2E08:	3 (11/03)	,
City & State				City & State			4. FEI Nun	nber 14-1861168			plied For It Applicable
Zıp	Country			Zip Cour		itry	5. Certifica	ate of Status Desired		\$5.00 Add	litional
	6. Name	and Address of Curr	ent Reg	istered Agent	·	Name	7. Name s	nd Address of New R	egistered /	Agent	
WILSON, JOHN P						Street Address (P.O. Box Number is Not Acceptable)					
270 SNEADS DR. GREENVILLE FL 32331						Street Address (F.G. BOX NON	Tiber is 1401 Acceptable			
										Zio Code	
The above named entity submits this statement for the purpose of changing its regis						City ed office or recister	ed agent or	hoth in the State of Fix	FL	• _	
	ions of regist			s perpose or oranging na		ou onice of register	ou again, or		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ostinoi iiigi	wie accept
SIGNATURE.	Signature, typical	or printed name of registered a	gent and tr	tte # applicable (NOT	E. Registera	d Agent signature required	t when reinstating)		DATE		
·				FILE N	OW!!!	FEE IS \$50.00	,				
				Make Check Payab	le to Fi	orida Departme	nt of State				
9. MANAGING MEMBERS/MANAGERS						ay 1, 2004		ADDITIONS,	CHANGES	<u> </u>	
TITLE	MGR Deteile				10.	£		אסטוווטאס	O, MARGES	☐ Change	☐ Addition
NAME STREET ADDRESS	WILSON, JOHN P S 270 SNEADS DR			. NAME STREE		ECT ADDRESS		U00000017181 01/28/04-80084-023 3			
CITY-ST-ZIP		LE FL 32331			CITY-ST-ZIP			01/28/04-80(084-023	3 50.00	-
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NAME STREET ADDRESS					NAV STRI	N. EFT ADDRESS					
CITY-ST-ZIP					E	(-S1-Z1P					
11. I hereby indicated limited list	certify that the lon this repo- ibility compa	e information supplied rt is true and accurate ny or the receiver or tru	with this and that stee en	s filing does not qualify fo t my signature shall have npowered to execute this	r the exe the sam report a	emption stated in Se e legal effect as if n s required by Chap	ection 119.070 nade under o iter 608, Florid	(3)(i), Florida Statutes. ath, that I am a mana da Statutes.	I further cer ging memb	tify that the ir er or manage	nformation or of the

FILED

1/24/04 (854)997-6806