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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2005 8:00 A.M.
Secretary of State

DOCUMENT # L03000019057

1. Entity Name
WILKINS SOUTH, LLC

Principal Place of Business
249 HAYES AVE.
COCOA BEACH, FL 32931

Mailing Address
59 MAIN STREET
LAKE PLACID, NY 12946

01202005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address
2461 MAIN STREET

Suite, Apt. #, etc.
SUITE 2

City & State
LAKE PLACID, NY

Zip 12946 Country

4. FEI Number 20-2760953 Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE SERVICE BUREAU INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 (NOTE: Registered Agent signature required when resigning) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	WILKINS, JOHN T	NAME	
STREET ADDRESS	59 MAIN STREET	STREET ADDRESS	2461 MAIN STREET SUITE 2
CITY-ST-ZIP	LAKE PLACID, NY 12946	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	04/28/05--90030--024--#50.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ 4/29/05 5185231409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #