2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# L03000020878

Entity Name: WILFAR L.L.C.

Current Principal Place of Business:

7548 S. US 1
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

7548 S. US HWY 1
PORT SAINT LUCIE, FL 34952

Current Mailing Address:

7548 S. US 1
PORT SAINT LUCIE, FL 34952

New Mailing Address:

7548 S. US HWY 1
PORT SAINT LUCIE, FL 34952

FEI Number: 57-1173101 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FARINAS, HENRY
542 SOUTHWEST LAWLER AVE.
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

WILLIAMS, RICHARD A PRES
7809 BELMONT AVE
FORT PIERCE, FL 34951 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: RICHARD A WILLIAMS 01/05/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: FARINAS, HENRY
Address: 542 SOUTHWEST LAWLER AVE.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: MGR (X) Delete
Name: WILLIAMS, RICHARD
Address: 7809 BELMONT AVE.
City-St-Zip: FT PIERCE, FL 34951

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WILLIAMS, RICHARD A PRES
Address: 7809 BELMONT AVE.
City-St-Zip: FORT PIERCE, FL 34951

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

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: RICHARD A WILLIAMS PRES 01/05/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date