2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029281

Entity Name: WILSON ENTERPRISES, LLC

FILED Mar 16, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4505 N. ROME AVE. SUITE 112

TAMPA, FL 33603

Current Mailing Address:

New Mailing Address:

TAMPA, FL 33603

5101 N. RIVER BOULEVARD

4505 N. ROME AVE. 5101 N. RIVER BOULEVARD SUITE 112 TAMPA, FL 33603 US

TAMPA, FL 33603 US

FEI Number: 55-0843565

FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

WILSON, TERRY 4505 N. ROME AVE. SUITE 112

TAMPA, FL 33603 US

WILSON, TERRY 5101 N. RIVER BOULEVARD TAMPA, FL 33603

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: TERRY WILSON 03/16/2006

> Electronic Signature of Registered Agent Date

> > Title:

Name:

Address:

City-St-Zip:

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM () Delete WILSON, TERRY Name: Address: 5405 N. ROME AVE. City-St-Zip: TAMPA, FL 33603 US

Title: () Delete Name: Address:

City-St-Zip:

City-St-Zip: TAMPA, FL 33603 US Title: () Change (X) Addition WILSON, ELIZABETH G V. PRES Name: Address: 5101 N. RIVER BOULEVARD

TAMPA, FL 33603 US

WILSON, TERRY PRES.

5101 N. RIVER BOULEVARD

(X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: TERRY WILSOON **PRES** 03/16/2006