

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029281

**FILED**  
**Jan 19, 2007**  
**Secretary of State**

**Entity Name:** WILSON ENTERPRISES, LLC

**Current Principal Place of Business:**

5101 N. RIVER BOULEVARD  
TAMPA, FL 33603 US

**New Principal Place of Business:**

**Current Mailing Address:**

5101 N. RIVER BOULEVARD  
TAMPA, FL 33603 US

**New Mailing Address:**

FEI Number: 55-0843565

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WILSON, TERRY PRES.  
Address: 5101 N. RIVER BOULEVARD  
City-St-Zip: TAMPA, FL 33603 US

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

**ADDITIONS/CHANGES:**

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

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

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 WILSON

PRES

01/19/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date