2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000030039

WILSON WORLDWIDE ENTERPRISES LLC



Principal Place of Business

1955 S. W. LITTLE OAK TRAIL PALM CITY, FL 34990 US Mailing Address

1955 S. W. LITTLE OAK TRAIL PALM CITY, FL 34990

FILED Jan 29, 2007 08:00 AM Secretary of State



01232007 No Chg-LLC

CR2E083 (11/05)

	\$5.00	Additional
73-1676229	Ţ	Not Applicable
4. FEI Number		Applied For
	· · · · · · · · · · · · · · · · · · ·	Applied For

5. Certificate of Status Desired

Fee Required

CORPORATION SERVICE COMPANY

Signature, typed or printed name of registered agent and title if applicable

6. Name and Address of Current Registered Agent

TALLAHASSEE, FL 32301

1201 HAYS STREET

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8	. The above named entity submits this statement for the purpose of changing its registered of	office or registered agent, or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent		
_	o Veries		

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, VICTORIA K 1955 S. W. LITTLE OAK TRAIL PALM CITY, FL 34990			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, CRAIG D 1955 S. W. LITTLE OAK TRAIL PALM CITY, FL 34990			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTINO, LOUISE M 1955 S. W. LITTLE OAK TRAIL PALM CITY, FL 34990			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET AODRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESSCITY-ST-ZIP				

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 imited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes

SIGNATURE	N.K.	Wilson.
SIGNATURE:		

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone ₹