


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000044516</b> 1. Entity Name NICHOLAS T. WILDE, LLC	
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Principal Place of Business 32 MARY AVENUE CRAWFORDVILLE, FL 32327	Mailing Address P.O. BOX 666 CRAWFORDVILLE, FL
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**DO NOT WRITE IN THIS SPACE**



01142005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 36-4543151	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  WILDE, NICHOLAS T 32 MARY AVENUE CRAWFORDVILLE, FL 32327
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILDE, NICHOLAS T 32 MARY AVENUE CRAWFORDVILLE, FL 32327
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01/20/05-80048-012 55.00

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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:** Nicholas T. Wilde MGR NICHOLAS T. WILDE/MGR/1/17/05 850-926-1837  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #