


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90141 043 ****55.00

DOCUMENT # L03000044516

1. Entity Name
NICHOLAS T. WILDE, LLC



Principal Place of Business
**32 MARY AVENUE
 CRAWFORDVILLE, FL 32327**

Mailing Address
**P.O. BOX 666
 CRAWFORDVILLE, FL**

20008258



2. Principal Place of Business
97 Spokan Trail
 Suite, Apt. #, etc.

3. Mailing Address
97 Spokan Trail
 Suite, Apt. #, etc.

01302006 Chg-LLC CR2E083 (11/05)

City & State
Crawfordville, FL

City & State
Crawfordville, FL

4. FEI Number
36-4543151

Applied For
 Not Applicable

Zip Country
32327 Wakulla

Zip Country
32327 Wakulla

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILDE, NICHOLAS T
 32 MARY AVENUE
 CRAWFORDVILLE, FL 32327**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
97 Spokan Trail

City **Crawfordville** **FL** Zip Code **32327**

8. The above named entity submits this statement for the purpose of granting 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 Nicholas T. Wilde *Nicholas T. Wilde* 2/3/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

**Filing Fee is \$50.00
 Due by May 1, 2006**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILDE, NICHOLAS T 32 MARY AVENUE CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Nicholas T. Wilde *Nicholas T. Wilde* 2/3/06 850-528-0485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #