

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000048277

FILED  
Apr 11, 2005  
Secretary of State

**Entity Name:** WILSON BAY AREA ENTERPRISES, LLC

**Current Principal Place of Business:**

2254 HIGHLAND WOODS DRIVE  
DUNEDIN, FL 34698 US

**New Principal Place of Business:**

**Current Mailing Address:**

2254 HIGHLAND WOODS DRIVE  
DUNEDIN, FL 34698 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

BOHNE, CHRISTOPHER M  
4465 W. GANDY BLVD.  
SUITE 750 B  
TAMPA, FL 33611 US

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

BOHNE, CHRISTOPHER M  
7650 COURTNEY CAMPBELL CAUSEWAY  
SUITE 840  
TAMPA, FL 33607 US

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:

04/11/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: WILSON, JASON B  
Address: 2254 HIGHLAND WOODS DRIVE  
City-St-Zip: DUNEDIN, FL 34698 US

Title: MGRM ( ) Delete  
Name: WILSON, JOHN H  
Address: 2254 HIGHLAND WOODS DRIVE  
City-St-Zip: DUNEDIN, FL 34698 US

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN H. WILSON

MGR

04/11/2005

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