

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 23, 2005 8:00 am**  
**Secretary of State**

05-23-2005 90376 026 \*\*\*\*55.00

DOCUMENT # L03000054032

1. Entity Name  
JOHN WILEY L.L.C.



Principal Place of Business  
427 SW CRABAPPLE COVE  
PORT ST. LUCIE, FL 34986

Mailing Address  
427 SW CRABAPPLE COVE  
PORT ST. LUCIE, FL 34986

20059138



2. Principal Place of Business

5385 Christensen Rd

3. Mailing Address

5385 Christensen Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05182005

Chg-LLC

CR2E083 (10/03)

City & State

Port St. Lucie, FL

City & State

Port St. Lucie, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

34981 ST. LUCIE

Zip

Country

34981 ST. LUCIE

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILEY, JOHN  
427 SW CRABAPPLE COVE  
PORT ST. LUCIE, FL 34986

7. Name and Address of New Registered Agent

Name

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

City

Port St. Lucie

FL

Zip Code

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

*John A. Wiley*  
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-20-05

DATE

Filing Fee is \$50.00  
Due by September 7, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
WILEY, JOHN  
427 SW CRABAPPLE COVE  
PORT ST. LUCIE, FL 34986 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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: *John A. Wiley*

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

Date

Daytime Phone #

4-20-05 772-489-0202