
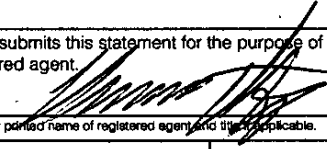


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90431 009 \*\*\*\*50.00

<b>DOCUMENT # L04000004231</b>					
<b>1. Entity Name</b> SHARON R. WILSON, L.L.C.					
<b>Principal Place of Business</b> 1632 S. BAYSHORE CT., #302 MIAMI, FL 33133			<b>Mailing Address</b> P.O. BOX 33-0752 MIAMI, FL 33233		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 1632 S. BAYSHORE CT #302			
Suite, Apt. #, etc.		Suite, Apt. #, etc. #302			
City & State		City & State MIAMI, FL		<b>4. FEI Number</b> 45-0534807	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip 33133		Country USA		Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  WILSON, NORMAN J JR. 2850 COCONUT AVE #2 MIAMI, FL 33133			<b>7. Name and Address of New Registered Agent</b> Name: WILSON NORMAN J. JR. Street Address (P.O. Box Number is Not Acceptable): 1632 S. BAYSHORE CT #302 City: MIAMI, FL Zip Code: 33133		
<b>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.</b> SIGNATURE:  DATE: 2/16/2006 <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILSON, SHARON R 2850 COCONUT AVE #2 MIAMI, FL 33133	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILSON SHARON R. 1632 S. BAYSHORE CT #302 MIAMI, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE**

