### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### **DOCUMENT # L04000004231**

1. Entity Name

SHARON R. WILSON, L.L.C.



FILED Jan 19, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1632 S. BAYSHORE CT., #302 MIAMI, FL 33133 1632 S. BAYSHORE CT. #302 MIAMI, FL 33133



01172007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 45-0534807 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

WILSON, NORMAN J JR. 1632 S. BAYSHORE CT #302 MIAMI, FL 33133

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8	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 to	amiliar with, and accept
	the obligations of registered agent.	
_	OLD MATTER TO THE STATE OF THE	

#### Filing Fee is \$50.00 Due by May 1, 2007

000000593603 01/22/07-80034-018 50.00

DATE

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	WILSON, SHARON R
STREET ADDRESS	1632 S, BAYSHORE CT. #302
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: \_

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

1/17/07

305.858-0212

Daytime Phone #