


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

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

03-23-2005 90238 033 \*\*\*\*50.00

DOCUMENT # L04000038081			
1. Entity Name WILSON, KEHOE AND MILLER, LLC			
Principal Place of Business 1490 DONEGAN RD LARGO, FL 33771 US		Mailing Address 1490 DONEGAN RD LARGO, FL 33771 US	
2. Principal Place of Business 1501 Lake Ave. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 38 Suite, Apt. #, etc.	
City & State Largo, FL		City & State Largo, FL	
Zip 33771		Country USA	
Zip 33779		Country USA	
4. FEI Number 20-1238426		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, ROBERT 1490 DONEGAN RD LARGO, FL 33771		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1501 Lake Ave. City Largo FL Zip Code 33771	
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		DATE	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON & KEHOE CORPORATION 1490 DONEGAN RD LARGO, FL 33771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1501 Lake Ave. Largo, FL 33771 <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 type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: <i>David S. Miller</i>		Date: <i>1/24/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

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