

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000047277 1. Entity Name WILSON DEVELOPERS, LLC	
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Principal Place of Business 15950 BAY VISTA DR. SUITE 250 CLEARWATER, FL 33760	Mailing Address 15950 BAY VISTA DR. SUITE 250 CLEARWATER, FL 33760
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DO NOT WRITE IN THIS SPACE



01182008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1284473	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HUDOCK, LESLIE WAGER
601 BAYSHORE BOULEVARD, STE. 700
TAMPA, FL 33606

DO NOT WRITE IN THIS SPACE

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.

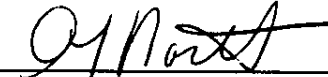
SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARKEL, GARY L 15950 BAY VISTA DR., STE. 250 CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NORTH, ANGELA F 15950 BAY VISTA DR., STE. 250 CLEARWATER, FL 33760
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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

Date _____ Daytime Phone # _____