

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000055048**

1. Entity Name  
**CARLSON-WILDWOOD FLORIST LLC**



Principal Place of Business

**310 WILDWOOD WAY  
BELLEAIR, FL 33756**

Mailing Address

**310 WILDWOOD WAY  
BELLEAIR, FL 33756**



03132006 No Chg-LLC

CRZE083(11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**34-2039146**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WINTERS, ELISE K  
133 N. FT. HARRISON AVENUE  
CLEARWATER, FL 33755**

**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

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**MGRM**

**PACHECO, JOHN J**

**310 WILDWOOD WAY**

**BELLEAIR, FL 33756**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**MGRM**

**PACHECO, CHERYL A**

**310 WILDWOOD WAY**

**BELLEAIR, FL 33756**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Pacheco*

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

*3/24/06 7274464610*

Date

Daytime Phone #