

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


3/7

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-07-2007 90213 028 ****55.00

DOCUMENT # L04000057612

1. Entity Name
WILSON & SONS, L.L.C.



Principal Place of Business Mailing Address
 2950 U.S. HIGHWAY 1, UNIT #9 2950 U.S. HIGHWAY 1, UNIT #9
 KEY WEST, FL 33040 KEY WEST, FL 33040

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.
2950 US Highway 1, unit 11 *2950 US Hwy 1, unit 11*

City & State City & State

Zip Country Zip Country

30003000



03052007 Chg-LLC CR2E083 (12/06)

4. Applied For Not Applicable
20-5755428

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
KULOK, CORAZON J
 2950 U.S. HIGHWAY 1, UNIT #9
 KEY WEST, FL 33040

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
2950 US Hwy 1, unit 11
 City **FL** Zip Code

B. 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 *Corazon J Kulok* DATE *3/5/07*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KULOK, CORAZON J 2950 U.S. HIGHWAY 1, UNIT #9 KEY WEST, FL 33040	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MM WILSON, JAMES E #7 ARIBITUS ST KEY WEST, FL 33040	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>2950 US Hwy 1, Unit 11</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Corazon J Kulok* DATE: *3/5/07* PHONE: *305-999-0909*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

20-5755428