


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000003512	
1. Entity Name WILTON HOLDINGS LLC	

Principal Place of Business 3170 NORTH FEDERAL HIGHWAY, UNIT 100A LIGHTHOUSE POINT FL 33064	Mailing Address 3170 NORTH FEDERAL HIGHWAY, UNIT 100A LIGHTHOUSE POINT FL 33064
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E083 (10/06)

4. FEI Number NO-T APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PFEIFER, PAUL F MGR 3170 FEDERAL HIGHWAY SUITE 100 LIGHTHOUSE POINT FL 33064
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

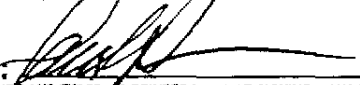
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR PFEIFER, PAUL 3170 NORTH FEDERAL HIGHWAY, UNIT 100A LIGHTHOUSE POINT FL 33064 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S MAURER, KATHERINE 3170 NORTH FEDERAL HIGHWAY, UNIT 100A LIGHTHOUSE POINT FL 33064 <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 000000617136 02/07/07-80062-025 55.00
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
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 Section 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:  1-29-07 954785 3140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #