


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90344 006 ****55.00

DOCUMENT # L05000047226	
1. Entity Name JOHN W. WILSON, LLC	

Principal Place of Business 1930 DOFFER LANE NORTH PALM BEACH, FL 33408	Mailing Address 1930 DOFFER LANE NORTH PALM BEACH, FL 33408
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60036821



2. Principal Place of Business - No P.O. Box # 2115 Donald Ave	3. Mailing Address 2115 Donald Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ft Pierce FL	City & State Ft Pierce FL
Zip 34946	Zip 34946
Country USA	Country USA

4. FEI Number 20-3054065	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WILSON, JOHN W 1930 DOFFER LANE NORTH PALM BEACH, FL 33408	7. Name and Address of New Registered Agent Name John W. Wilson Street Address (P.O. Box Number is Not Acceptable) 2115 Donald Avenue City Ft Pierce FL Zip Code 34946
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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 <i>[Signature]</i> S.W. Wilson MGR	DATE 4/7/07

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM	<input type="checkbox"/> Delete	TITLE MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WILSON, JOHN W		NAME Sharon D. Wilson	
STREET ADDRESS 1930 DOFFER LANE 2115 Donald Ave		STREET ADDRESS 2115 Donald Avenue	
CITY-ST-ZIP NORTH PALM BEACH, FL 33408		CITY-ST-ZIP Ft Pierce FL 34946	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: <i>[Signature]</i>	DATE 4/7/07	DAYTIME PHONE # 772-429-1249
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		