
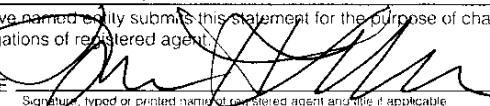


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 28, 2007 8:00 am
Secretary of State

08-28-2007 90065 016 ****50.00

DOCUMENT # L05000048833			
1. Entity Name WILLSHER, LTD. CO.			
Principal Place of Business 1211 CATHERINE ST KEY WEST FL 33040		Mailing Address 1211 CATHERINE ST KEY WEST FL 33040	
2. Principal Place of Business - No P.O. Box # 12599 S. OLD CYPRESS Suite, Apt. #, etc. HOBE SOUND City & State USA		3. Mailing Address Box 2260 Suite, Apt. #, etc. HOBE SOUND FL City & State 33475 Zip USA	
4. FEI Number 64-3456000		Applied For Not Applicable	
5. Certificate of Status Desired \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent WELCH, WILLIAM 1211 CATHERINE ST KEY WEST FL 33040		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:  DATE: 7/30/7 (NOTE: Registered Agent signature required when reinstating)			
<p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007</p>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WELCH, WILLIAM 1211 CATHERINE ST KEY WEST FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROOT, TRACY 3310 WEST CROWN POINT BLVD NAPLES FL 34112 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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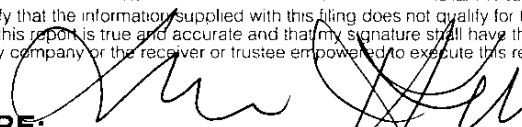
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

 WILLIAM WELCH 7/30/7