2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# L05000072540

Entity Name: WILSON ARTS ENTERPRISES, LLC

Current Principal Place of Business:

3140 UTAH DR.
DELTONA, FL 32738 US

New Principal Place of Business:

1 TERRACARTER LANE
STATESBORO, GA 30461 US

Current Mailing Address:

3140 UTAH DR.
DELTONA, FL 32738 US

New Mailing Address:

1 TERRACARTER LANE
STATESBORO, GA 30461 US

FEI Number: 20-3231815 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, ERIN J
3140 UTAH DR.
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

ECHEVARRIA, ROBERT J
2912 MALDIVE CT.
DELTONA, FL 32738 US

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.

SIGNATURE: ROBERT ECHEVARRIA 04/16/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WILSON, ERIN J
Address: 3140 UTAH DR.
City-St-Zip: DELTONA, FL 32738 US

Title: MGR ( ) Delete
Name: WILSON, JASON A
Address: 3140 UTAH DR.
City-St-Zip: DELTONA, FL 32738 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WILSON, ERIN J
Address: 1 TERRACARTER LANE
City-St-Zip: STATESBORO, GA 30461 US

Title: MGR (X) Change ( ) Addition
Name: WILSON, JASON A
Address: 1 TERRACARTER LANE
City-St-Zip: STATESBORO, GA 30461 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ERIN WILSON MGR 04/16/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date