2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/7/2007-90045-016-$50.00-$50.00

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L05000103342

1. Entity Name
THE WILSON COLLABORATIVE, LLC

Principal Place of Business	Mailing Address
1221 OYSTER COVE DRIVE SARASOTA, FL 34242	1221 OYSTER COVE DRIVE SARASOTA, FL 34242

08142007 NU City-LLC CR2E053 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3790792

☐ Applied For
☐ Not Applicable

5. Optional Status Desire. $5.00

6. Name and Address of Current Registered Agent

WILSON, PATRICIA JEAN
1221 OYSTER COVE DRIVE
SARASOTA, FL 34242

Manager

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MR Manager
NAME	WILSON, HERSCHEL L (Larry)
STREET ADDRESS	569 BUTTONWOOD BAY
CITY-ST-ZIP	BOCA GRANDE, FL 33921
TITLE	Mr manager
NAME	Joseph Wilson
STREET ADDRESS	1215 Escalante
CITY-ST-ZIP	Santa Fe NM 87501
TITLE	Mrs - member
NAME	Susan Robinson
STREET ADDRESS	1936 James Ave S
CITY-ST-ZIP	Minneapolis, MN 55403
TITLE	Mrs Margaret Hesch - member
NAME	
STREET ADDRESS	4 Rancho de Canacito
CITY-ST-ZIP	Santa Fe, NM 87508
TITLE	Ms Member
NAME	Bonnie Wilson
STREET ADDRESS	217 Natcher Ave South
CITY-ST-ZIP	Golden Valley, MN 55416
TITLE	Mr Member
NAME	Herschel Wilson
STREET ADDRESS	28 Alteza
CITY-ST-ZIP	Santa Fe, NM 87505

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REINSTATEMENT

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, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #