

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000123222

FILED  
Apr 27, 2006  
Secretary of State

**Entity Name:** WILSON FAMILY ENTERPRISES, LLC

**Current Principal Place of Business:**

11850 S.R. 24  
CEDAR KEY, FL 32625

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 150  
CEDAR KEY, FL 32625

**New Mailing Address:**

**FEI Number:** 20-4276866

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WATSON, TODD  
ATTORNEY AT LAW  
7785 BAYMEADOWS WAY, SUITE 107  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WILSON, JOHN J  
Address: P.O. BOX 150  
City-St-Zip: CEDAR KEY, FL 32625

**ADDITIONS/CHANGES:**

Title: MGM (X) Change ( ) Addition  
Name: WILSON, BRUCE R  
Address: P.O. BOX 150  
City-St-Zip: CEDAR KEY, FL 32625

I hereby certify that the information supplied with this filing does not qualify for the 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:** BRUCE R. WILSON

MGM

04/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date