



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 25, 2007 8:00 am
Secretary of State

06-25-2007 90115 004 ****50.00

DOCUMENT # L06000022323 1. Entity Name WIGGINS ENTERPRISE, LLC					
Principal Place of Business 5220 LAKEHURST COURT C/O EMPIRE EXCHANGE COMPANY PALMETTO, FL 34221 US			Mailing Address 5220 LAKEHURST COURT C/O EMPIRE EXCHANGE COMPANY PALMETTO, FL 34221 US		
2. Principal Place of Business - No P.O. Box # 5158 Sea Chase Dr. Suite, Apt. #, etc. #5		3. Mailing Address 5158 Sea Chase Dr. Suite, Apt. #, etc. #5			
City & State Amelia Island, FL		City & State Amelia Island, FL		4. FEI Number 06202007 Chg-LLC CR2E083 (12/06)	
Zip 32034		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROMANO, PAUL M 5220 LAKEHURST COURT C/O EMPIRE EXCHANGE COMPANY PALMETTO, FL 34221				7. Name and Address of New Registered Agent Name Robert L. Wiggins Sr. Street Address (P.O. Box Number is Not Acceptable) 5158 Sea Chase Dr. 5 #5 City Amelia Island FL Zip Code 32034	
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 <u><i>Robert L. Wiggins Sr.</i></u> DATE <u>6/20/07</u> <small>Signature typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EMPIRE WIGGINS ENTERPRISE, INC. 5220 LAKEHURST COURT PALMETTO, FL 34221	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Robert L. Wiggins Sr. 5158 Sea Chase Dr. #5 Amelia Island, FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Robert L. Wiggins Sr.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>6/20/07</u> Daytime Phone # <u>912-366-9300</u>		