2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 09, 2007 8:00 am Secretary of State DOCUMENT # L06000062893 04-09-2007 90354 048 ****50.00 1. Entity Name WILSTER, LLC Principal Place of Business Mailing Address 60034302 280 W CANTON AVE STE 410 280 W CANTON AVE STE 410 WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062007 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4 FELNumber Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 2815 WRIGHT AVE., LLC Street Address (P.O. Box Number is Not Acceptable) 280 W CANTON AVE STE 410 WINTER PARK, FL 32789 City Zip Code The above named entity such the obligations of registered agent. 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 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 May 1, 2007 Make check payable to Florida Department of State a MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TITLE ☐ Defete TITLE ☐ Change ☐ Addition 2815 WRIGHT AVE., LLC NAME NAME STREET ADDRESS 280 W CANTON AVE STE 410 STREET ADDRESS City-St-ZIP WINTER PARK, FL 32789 CITY-ST-ZIP MGRM TITLE Delete TITLE Change ☐ Addition WILSON, FRANK NAME 2701 BASS LAKE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32806 CITY-ST-ZIF TITLE **MGRM** ☐ Delete TITLE ☐ Change Addition NAME WILSON, TAMARA NAME 2701 BASS LAKE RD STREET ADDRESS STREET ADDRESS ORLANDO, FL 32806 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

FILED

FRANK **SIGNATURE** SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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