2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L06000065120

Entity Name: THE WILSON VILLA, LLC

Current Principal Place of Business:

1055 KANSAS AVE
GROVELAND, FL 34736 US

New Principal Place of Business:

Current Mailing Address:

1055 KANSAS AVE
GROVELAND, FL 34736 US

New Mailing Address:

FEI Number: 03-0596782 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GILLESPIE, MARIE M MS.
1809 SUMMIT OAK CIRCLE
CLERMONT, FL 34715 US

Name and Address of New Registered Agent:

GILLESPIE, CAULINE M MS.
1809 SUMMIT OAK CIRCLE
CLERMONT, FL 34715 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: CAULINE M. GILLESPIE 04/30/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GILLESPIE, CAULINE
Address: 1809 SUMMIT OAK CIRCLE
City-St-Zip: CLERMONT, FL 34715

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GILLESPIE, CAULINE M MS
Address: 1809 SUMMIT OAK CIRCLE
City-St-Zip: CLERMONT, FL 34715

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: CAULINE M. GILLESPIE MGR 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date