

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90355 037 ****55.00

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DOCUMENT # L06000114883

1. Entity Name
WRIGHT BROTHERS ENTERPRISES, LLC



Principal Place of Business
**625 BROADWAY, STE. 1206
SAN DIEGO, CA 92101**

Mailing Address
**625 BROADWAY, STE. 1206
SAN DIEGO, CA 92101**

2. Principal Place of Business - No P.O. Box #
1210 CLAYS TRAIL
Suite, Apt. #, etc.

3. Mailing Address
1210 CLAYS TRAIL
Suite, Apt. #, etc.

02062007 Chg-LLC CR2E083 (12/06)

City & State
OLDSMAR, FL
Zip
34677 Country
USA

City & State
OLDSMAR, FL
Zip
34677 Country
USA

4. FEI Number
20-5998730

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**AGENTS AND CORPORATIONS, INC.
SUITE E, 773 4TH AVENUE NORTH
NAPLES, FL 34102**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WRIGHT, JOHN 625 BROADWAY, STE. 1206 SAN DIEGO, CA 92101 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1210 CLAYS TRAIL OLDSMAR, FL 34677 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WRIGHT, THOMAS IV 625 BROADWAY, STE. 1206 SAN DIEGO, CA 92101 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1210 CLAYS TRAIL OLDSMAR, FL 34677 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Thomas J. Wright, IV** 4/30/07 727 742-7017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #