

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000114883

FILED
Apr 14, 2009
Secretary of State

Entity Name: WRIGHT BROTHERS ENTERPRISES, LLC

Current Principal Place of Business:

1210 CLAYS TRAIL
OLDSMAR, FL 34677

New Principal Place of Business:

3349 ASHWOOD COURT
TARPON SPRINGS, FL 34688

Current Mailing Address:

1210 CLAYS TRAIL
OLDSMAR, FL 34677

New Mailing Address:

3349 ASHWOOD COURT
TARPON SPRINGS, FL 34688

FEI Number: 20-5998730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
300 FIFTH AVENUE SOUTH
SUITE 101-330
NAPLES, FL 34102 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: MGR () Delete
Name: WRIGHT, JOHN
Address: 1210 CLAYS TRAIL
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM () Delete
Name: WRIGHT, THOMAS J IV
Address: 1210 CLAYS TRAIL
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WRIGHT, JOHN
Address: 3349 ASHWOOD COURT
City-St-Zip: TARPON SPRINGS, FL 34688

Title: MGRM (X) Change () Addition
Name: WRIGHT, THOMAS J IV
Address: 3339 ASHWOOD COURT
City-St-Zip: TARPON SPRINGS, FL 34688

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: THOMAS J. WRIGHT, IV

MGRM

04/14/2009

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