


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90022 020 \*\*\*138.75

<b>DOCUMENT # L06000120771</b>					
<b>1. Entity Name</b> ARBOR CARE BY WILSON, LLC					
<b>Principal Place of Business</b> 28351 SOUTH TAMiami TRAIL BONITA SPRINGS, FL 34134			<b>Mailing Address</b> COSTELLO & ROYSTON, LLP PO BOX 60205 FORT MYERS, FL 33906		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> Suite, Apt. #, etc. <u>40</u> <b>JOHN M. WICKER, P.A.</b> <b>P.O. DHAWEE, 60205</b> City & State <b>FORT MYERS, FL 33906</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		01182008 Chg-LLC CR2E083 (12/06)	
<b>4. FEI Number</b> 20-8075721				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ROYSTON, ROBERT D JR. 12670 NEW BRITTANY BLVD., STE. 101 FORT MYERS, FL 33907			<b>7. Name and Address of New Registered Agent</b> Name <b>JOHN M. WICKER, P.A.</b> Street <b>12670 NEW BRITTANY BLVD., STE 101</b> <b>FORT MYERS, FL 33907</b> City _____ Zip Code _____		
<b>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.</b> SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, MICHAEL WAYNE 27411 ELWOOD DRIVE BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, WILLIAM F 10641 WOOD IBIS AVENUE BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> <u>John M. Wicker</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <u>4/8/08</u> Daytime Phone # _____		