

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-24-2008 90009 045 ***138.75

DOCUMENT # L07000071822					
1. Entity Name WILSO, LLC					
Principal Place of Business 12516 SW 124TH LOOP LAKE BUTLER, FL 32055			Mailing Address PO BOX 806 LAKE BUTLER, FL 32054		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-0563093	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STUART, PATRICIA 4424 NW AMERICAN LANE, SUITE 101 LAKE CITY, FL 32055			Name <u>WILSON RIVERS</u> Street Address (P.O. Box Number is Not Acceptable) <u>12516 SW 124TH LOOP</u> City <u>LAKE BUTLER</u> <u>FL</u> Zip Code <u>32054</u>		
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 <u>Wilson S. Rivers</u> (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIVERS, WILSON 12516 SW 124TH LOOP LAKE BUTLER, FL 32055	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIVERS, SOPHIA 12516 SW 124TH LOOP LAKE BUTLER, FL 32055	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIVERS, SOPHIA 12516 SW 124TH LOOP LAKE BUTLER, FL 32055	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIVERS, SOPHIA 12516 SW 124TH LOOP LAKE BUTLER, FL 32055	<input type="checkbox"/> Delete			
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: <u>Wilson S. Rivers</u>			4-23-2008		386-496-3841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #

60027630



04232008 Chg-LLC CR2E083 (12/06)