

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000040880

**FILED**  
**Jan 23, 2011**  
**Secretary of State**

**Entity Name:** WILSON, ALBERT, & DONNELLY, L.L.C.

**Current Principal Place of Business:**

1402 HIGHWAY A1A, SUITE A  
SATELLITE BEACH, FL 32937

**New Principal Place of Business:**

1402 HIGHWAY A1A  
SUITE A  
SATELLITE BEACH, FL 32937

**Current Mailing Address:**

1402 HIGHWAY A1A, SUITE A  
SATELLITE BEACH, FL 32937

**New Mailing Address:**

1402 HIGHWAY A1A  
SUITE A  
SATELLITE BEACH, FL 32937

FEI Number: 27-2427443

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILSON, JOEL B  
1402 HIGHWAY A1A, SUITE A  
SATELLITE BEACH, FL 32937 US

**Name and Address of New Registered Agent:**

WILSON, JOEL B  
1402 HIGHWAY A1A  
SUITE A  
SATELLITE BEACH, FL 32937 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: JOEL B. WILSON

01/23/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WILSON FAMILY LAW, P.A.  
Address: 1402 HIGHWAY A1A, SUITE A  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: MGRM  
Name: LAW OFFICE OF MICHAEL T. DONNELLY II, P.A.  
Address: 1402 HIGHWAY A1A, SUITE A  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: MGRM  
Name: LAW OFFICE OF JOHN ALBERT, P.A.  
Address: 1402 HIGHWAY A1A, SUITE A  
City-St-Zip: SATELLITE BEACH, FL 32937

I hereby 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: JOEL B. WILSON FOR WILSON FAMILY LAW, P.A.

MGRM

01/23/2011

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