

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L95000000017
1. Entity Name
WILUSZ, P.L.



Principal Place of Business Mailing Address
228 BROOKS ST P.O. BOX 846
SUITE A FT WALTON BEACH, FL 32549-0846
FT. WALTON BEACH, FL 32548

DO NOT WRITE IN THIS SPACE



01032006 No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
59-3310711 Not Applicable

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

6. Name and Address of Current Registered Agent

FLEET, H B
1104 EGLIN PARKWAY
SHALIMAR, FL 32579-0000

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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY, ST, ZIP	MNG WILUSZ, BEVERLY 101 PORT DRIVE SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY, ST, ZIP	

U00000378682
01/09/06-80017-018 55.00

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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: *Beverly Wilusz* 01-03-06 (850) 301-0446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #