



2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

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| LIMITED LIABILITY COMPANY ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | FILED 97 SEP -2 PM 4:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| FILING FEE \$ 588.75 | | Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | |
| 1. Name and Mailing Address of Limited Liability Company J & J WILSON ENTERPRISES, LLC 7640 W. GOLF CLUB STREET CRYSTAL RIVER FL 32629 | | DOCUMENT # L97000000056 1a. Principal Place of Business Address 7640 W. GOLF CLUB STREET CRYSTAL RIVER FL 32629 | | | |
| If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. | | | | | |
| 2. Principal Place of Business: 7794 MERITT ISLAND FL 32952 Suite, Apt. #, etc. 2433 | | 2a. Mailing Address: 7794 MERITT ISLAND FL 32952 Suite, Apt. #, etc. 2433 | | 3. Date Organized or Qualified 12/31/1996 | |
| 3a. State of Formation FL | | 4. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | | 5. Date of Last Report 1st REPORT | |
| 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 7. Name and Address of Current Registered Agent JOH, ERIK E 4600 NORTH OCEAN BLVD. BOYNTON BEACH FL 33435 | | | |
| 8. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, etc. 900002285199 City _____ State FL Zip Code 32952-3309 | | 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. | | | |
| SIGNATURE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when reinstating)</small> | | DATE _____ | | | |
| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code | | |
| MGRM | WILSON, JOHN | 7640 W. GOLF CLUB STREET | CRYSTAL RIVER FL | | |
| MGRM | WILSON, JUNE | 7640 W. GOLF CLUB STREET | CRYSTAL RIVER FL | | |
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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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 or empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  **8-26-97 1-800-554-8762**