

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008544

FILED  
May 02, 2005  
Secretary of State

**Entity Name:** THE WILSON MARKETING GROUP, L.L.C.

**Current Principal Place of Business:**

3181 NW 72ND AVE  
MARGATE, FL 33063

**New Principal Place of Business:**

1750 N. UNIVERSITY DRIVE  
SUITE 223  
CORAL SPRINGS, FL 33071

**Current Mailing Address:**

3181 N.W. 72ND AVENUE  
MARGATE, FL 33063

**New Mailing Address:**

1750 N. UNIVERSITY DRIVE  
SUITE 223  
CORAL SPRINGS, FL 33071

FEI Number: 65-0965442      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

WILSON, SEAN L  
1750 UNIVERSITY DRIVE STE 223  
CORAL SPRINGS, FL 33071      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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM      ( ) Delete  
Name: WILSON, SEAN L  
Address: 3181 N.W. 72 AVENUE  
City-St-Zip: MARGATE, FL 33063

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change ( ) Addition  
Name: WILSON, SEAN L  
Address: 1750 N. UNIVERSITY DRIVE, SUITE 223  
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: SEAN L WILSON

MMBR

05/02/2005

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