2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M04000000202

1. Entity Name
WILSON AEROMOTIVE LLC



FILED
Jan 17, 2008 08:00 A
Secretary of State

Principal Place of Business

635 WEST PINE RD. MELBOURNE, FL 32904 Mailing Address 635 WEST PINE RD. MELBOURNE, FL 32904



01142008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number
	20-0504164

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, JOHN C 635 WEST PINE RD. MELBOURNE, FL 32904

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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.	

SIGNATUR

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS	MGRM WILSON, JOHN C 635 WEST PINE RD.
CITY-ST-ZIP	MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, LINDA S 635 WEST PINE RD. MELBOURNE, FL 32904
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11. I hereby certify that the information supplied with this filling 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 accounte 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 repaired or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01/14/2008 3219842539

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