Daytime Phone #

2003 LIMITED LIABILITY COMPANY

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

ŪÌ	NIFORM BUSINE	SS REPORT	(UBR)					
DOCUMENT # L0000006253 1. Entity Name					FILE	ED		
WILLIAMS	INVESTMENT GROUP, L.L.C.			2003 OCT - 3	PM 1:43			
Principal Place of Business Mailing Address				•	IN JON OF COL	RPORATIONS		
5701 WEST LAKE BUTLER ROAD WINDERMERE FL 34786		5701 WEST LAKE BUTLER ROAD WINDERMERE FL 34786		1 (48)(8)	TALEAHASSE	E, FLORIDA	aa iili iss i	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Numb	er 59-3653222	 - + -	pplied For ot Applicable	
Zip	Country	Zip	Country	_L	of Status Desired	S5.00 Add Fee Required		
	6. Name and Address of Current Ro	egistered Agent	Name Name	7. Name and	Address of New Reg	istered Agent		
CHA 1400 WIN	S, LORI STANG, FERRELL, SIMS & EISERMA NORTH FAIRBANKS AVENUE STE. TER PARK FL 32789	Street Addres	dera		FL Zip Code	r Road		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003								
9.	MANAGING MEMBER		10.		ADDITIONS/CH			
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indicated	certify that the information supplied with the on this report is true and accurate and the billity company or the receiver or trustee e	at my signature shall have the	e same legal effect as i	f made under nath	that I am a managing			