


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90006 042 ****50.00

DOCUMENT # L02000021752

1. Entity Name
WILLIAMSON SOUTH MIAMI-DADE, LLC



Principal Place of Business Mailing Address

**7815 SW 104TH ST.
MIAMI FL 33156** **7815 SW 104TH ST.
MIAMI FL 33156**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

03 04 80642 Not Applicable

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

J0047109



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BROWN, B. MACKAY ESQ.
C/O WHITE & BROWN, P.A.
9000 SW 152ND ST., STE. 102
MIAMI FL 33157**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Operating Manager G Ed Williamson II	7815 S W 104 St	Miami FL 33156	<input type="checkbox"/>	<input type="checkbox"/>
Operating Manager Carol F Williamson	7815 S W 104 St	Miami FL 33156	<input type="checkbox"/>	<input type="checkbox"/>
Operating Manager George E Williamson III	7815 S W 104 St	Miami FL 33156	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

11. I 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 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: *Carol F Williamson* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/27/03 305 670 7101

Date Daytime Phone #

CR2E083 (10/02)