

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027678

FILED  
Apr 05, 2006  
Secretary of State

Entity Name: WILLIAMSON DORAL, LLC

**Current Principal Place of Business:**

7815 SW 104TH ST.  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

7815 SW 104TH ST.  
MIAMI, FL 33156

**New Mailing Address:**

FEI Number: 06-1667247

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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 US

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

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/MANAGERS:**

Title: MGR ( ) Delete  
Name: WILLIAMSON II, G E  
Address: 7815 SW 104TH ST  
City-St-Zip: MIAMI, FL 33156

Title: MGR ( ) Delete  
Name: WILLIAMSON, CAROL F  
Address: 7815 SW 104TH ST  
City-St-Zip: MIAMI, FL 33156

Title: MGR ( ) Delete  
Name: WILLIAMSON III, GEORGE E  
Address: 7815 SW 104TH ST  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: G E WILLIAMSON II

OWNE

04/05/2006

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