

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000094158

**FILED**  
**Mar 31, 2009**  
**Secretary of State**

**Entity Name:** WILLIAMS WINTER PARK DEVELOPMENT, LLC

**Current Principal Place of Business:**

300 PARK AVENUE NORTH  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

300 PARK AVENUE NORTH  
WINTER PARK, FL 32789 US

**New Mailing Address:**

P. O. BOX 3347  
WINTER PARK, FL 32790 US

FEI Number: 20-2187882

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NORMAN, TODD ESQ  
STUMP, STOREY, CALLAHAN, DIETRICH, & SPEAR  
37 N ORANGE AVENUE SUITE 200  
ORLANDO, FL 32801 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: MGRM ( ) Delete  
Name: WILLIAMS, LARRY E  
Address: 300 PARK AVENUE NORTH  
City-St-Zip: WINTER PARK, FL 32789 US

Title: MGRM ( ) Delete  
Name: WILLIAMS, JOY  
Address: 300 PARK AVENUE NORTH  
City-St-Zip: WINTER PARK, FL 32789 US

**ADDITIONS/CHANGES:**

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 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: LARRY E. WILLIAMS

MGR

03/31/2009

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