

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000001387

1. Entity Name
WILLIAMSON CREEK VENTURE, L.C.



Principal Place of Business

**6530 W. ROGERS CIRCLE
SUITE 31
BOCA RATON, FL 33487**

Mailing Address

**6530 W. ROGERS CIRCLE
SUITE 31
BOCA RATON, FL 33487**

DO NOT WRITE IN THIS SPACE



03082005No Chg-LLC

CR2E083 (10/03)

4. FEI Number

16-1637998

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KRONGOLD, RANDI M
201 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
LEDER GROUP 2 INC
6530 W. ROGERS CIRCLE 31
BOCA RATON, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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U000000315222
04/19/05-80027-002 50.00

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IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:

SAMUEL E LEDER *Samuel E Leder* 4/11/05 561-995-7878

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

Date

Daytime Phone #