

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033677

FILED  
Mar 01, 2006  
Secretary of State

Entity Name: WILLIAMS RENOVATIONS, LLC

**Current Principal Place of Business:**

3273 LAKE HELEN OSTEEN RD.  
DELTONA, FL 32738

**New Principal Place of Business:**

**Current Mailing Address:**

3273 LAKE HELEN OSTEEN RD.  
DELTONA, FL 32738

**New Mailing Address:**

FEI Number: 55-0869915

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIAMS, LISA  
3273 LAKE HELEN OSTEEN RD.  
DELTONA, FL 32738 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, PATRICK  
Address: 3273 LAKE HELEN OSTEEN RD.  
City-St-Zip: DELTONA, FL 32738

Title: MGRM ( ) Delete  
Name: WILLIAMS, LISA  
Address: 3273 LAKE HELEN OSTEEN RD.  
City-St-Zip: DELTONA, FL 32738

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

Title: MGRM ( ) Change (X) Addition  
Name: WILLIAMS, RUSSEL  
Address: 3273 LAKE HELEN OSTEEN  
City-St-Zip: DELTONA, FL 32738

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: PATRICK S.WILLIAMS

MGRM

03/01/2006

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