



2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000001671 1. Entity Name WILLIAMS FAMILY HOLDINGS, LTD.					
Principal Place of Business 15445 S.W. 85TH AVENUE MIAMI, FL 33157			Mailing Address 15445 S.W. 85TH AVENUE MIAMI, FL 33157		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
					
			04092004 Chg-LP CR2E003 (10/03)		
			4. FEI Number 65-1062172		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent OSIASON, LEE J 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record \$1,500,000.00		10. Amount of Capital Contributions in FLORIDA to date. 661,302			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P00000101297		STREET ADDRESS		
NAME	WILLIAMS FAMILY MANAGEMENT CO.		CITY-ST-ZIP		
STREET ADDRESS	15445 S.W. 85TH AVENUE		U000000157805 05/05/04-80043-013 526.25		
CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 			14/26/04		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		