

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A04000001472

1. Entity Name
 WILLIAMS DEVELOPMENT HOLDINGS LIMITED
 PARTNERSHIP



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 FEB 17 AM 8:23

Principal Place of Business

714 MANATEE AVENUE EAST
 BRADENTON, FL 34208

Mailing Address

714 MANATEE AVENUE EAST
 BRADENTON, FL 34208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

57-1211652

Applied For

Not Applicable

Zip

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

L.E.W. MANAGEMENT, INC.
 714 MANATEE AVENUE EAST
 BRADENTON, FL 34208

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
 as Shown on record. \$10,000,000.00

10. Amount of Capital Contributions
 in FLORIDA to date. 29,000.00

**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

STAPLE CHECK HERE

DOCUMENT #	P04000038348	STREET ADDRESS	
NAME	L.E.W. MANAGEMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	714 MANATEE AVENUE EAST		
CITY-ST-ZIP	BRADENTON, FL 34208		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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:

BRITTON H. WILLIAMS

2/16/05

941-748-8834

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER)

Date

Daytime Phone #