


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A060Q0001058		
1. Entity Name WILLIAMS HERITAGE, LLLP		

Principal Place of Business 10216 S.W. 49TH LANE GAINESVILLE, FL 32608 US	Mailing Address 10216 S.W. 49TH LANE GAINESVILLE, FL 32608 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
WHITE, JOB 10216 S.W. 49TH LANE GAINESVILLE, FL 32608	

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 _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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	
DOCUMENT #	L06000084919	STREET ADDRESS	
NAME	WF, LLC	CITY-ST-ZIP	
STREET ADDRESS	10216 S.W. 49TH LANE		
CITY-ST-ZIP	GAINESVILLE, FL 32608		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____	Date: 4/10/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	

FILED

2007 APR 17 AM 10:02

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



03262007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-8828808	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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STAPLE CHECK HERE

[Handwritten signature]

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04/24/07--01053--008 **500.00

MANGIN, M... WF LLC 4/10/07 352-3722813