


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A06000001058 1. Entity Name WILLIAMS HERITAGE, LLLP	
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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 # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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FILED
08 FEB -8 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01102008 Chg-LP CR2E003 (12/06)

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

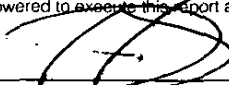
FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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 NAME WF, LLC STREET ADDRESS 10216 S.W. 49TH LANE CITY-ST-ZIP GAINESVILLE, FL 32608	STREET ADDRESS CITY-ST-ZIP <div style="text-align: center;"> 700118556437 02/21/08--01038--020 **500.00 </div>
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STAPLE CHECK HERE

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:  **Job White** 1/29/08 352-495-3006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #