

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**DOCUMENT # A99000000621**

1. Entity Name

**WILLIAMS AGRICULTURAL ENTERPRISES, LTD.**



Principal Place of Business

**28105 S.W. 157TH AVENUE  
HOMESTEAD FL 33033**

Mailing Address

**28105 S.W. 157TH AVENUE  
HOMESTEAD FL 33033**

2. Principal Place of Business

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

**WILLIAMS, D. WEBSTER  
28105 S.W. 157TH AVENUE  
HOMESTEAD FL 33033**

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.

**\$2,141,500.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**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

DOCUMENT # **G99102900188**  
NAME **WILLIAMS FAMILY TRUST**  
STREET ADDRESS **28105 S.W. 157TH AVENUE**  
CITY-ST-ZIP **HOMESTEAD FL 33033**

DOCUMENT #  
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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

**200037428792  
05/28/04--01048--001 \*\*935.00**

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: **D. Webster Williams**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-26-04 305-247-6077**  
Date Daytime Phone #

**FILED**

**04 JUN -7 PM 12:49**



**MOORE CR2E003 (11/03)**

4. FEI Number **52-2203039** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

STAPLE CHECK HERE