


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000000218 1. Entity Name WILLIAMS ACTUARIAL INTERNATIONAL, LLC	
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Principal Place of Business 2295 WEST BAY ISLE DRIVE, SE ST. PETERSBURG, FL 33709-3350	Mailing Address 2295 WEST BAY ISLE DRIVE, SE ST. PETERSBURG, FL 33709-3350
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DO NOT WRITE IN THIS SPACE



04082004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3619207	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

JACOBS, RICHARD O
HOLLAND & KNIGHT, LLP
200 CENTRAL AVENUE, SUITE 1600
ST. PETERSBURG, FL 33701

**DO NOT WRITE
IN THIS SPACE**

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 (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WILLIAMS, ALFRED II 2295 WEST BAY ISLE DRIVE, SE ST. PETERSBURG, FL 337053350
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04/12/04-80037-022 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Alfred L. Williams 4/08/04 (727) 550-0149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #