2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L0000002642 1. Entity Name WILLIAMSON FAMILY LLC



FILED Apr 22, 2008 08:00 AN Secretary of State

Principal Place of Business

313 WILLIAMS STREET, SUITE 6 TALLAHASSEE, FL 32303 Mailing Address

313 WILLIAMS STREET, SUITE 6 Tallahassee, FL 32303



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

 04022008 No Chg-LLC
 CR2E083 (12/07)

 4. FEI Number
 Applied For

5. Certificate of Status Desired

59-3630935

\$5.00 Additional

Not Applicable

WILIAMSON, JERRY D JR. 313 WILIAMS STREET TALLAHASSEE, FL 32303

DO NOT WRITE IN THIS SPACE

8. The above the obliga	e named entity submits this statement for the purpose of cha- tions of registered agent.	inging its registered office or registered agent, or both, in th	ne State of Florida. I am familiar with, and accept
SIGNATURE.	Signeture, typed or printed name of registered agent and site if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	09	U00000914303 5/08/08-80052-004_138_75
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMSON, JERRY D JR. 313 WILLIAMS STREET TALLAHASSEE, FL 32303		
TITLE NAME STREET ADORESS CITY-SI-ZIP			· · · ·
NAME STREET ADDRESS CITY-ST-ZIP		DO NO	OT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZP		IN TH	IS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filting 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 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.

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE