


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000002739 1. Entity Name MORGAN WILLIAMS, CPA, LLC					
Principal Place of Business 731 AIRPORT RD F PANAMA CITY FL 32405			Mailing Address P.O. BOX 1357 PANAMA CITY FL 32402		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3632623 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent WILLIAMS, A. MORGAN 731-F AIRPORT RD PANAMA CITY FL 32405	
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 _____ (NOTE: Registered Agent signature required when reinstalling) _____ DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WILLIAMS, A. MORGAN JR 731-F AIRPORT RD PANAMA CITY FL 32405	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add </div> <div style="text-align: center;"> U00000365808 05/11/05-80022-005 50.00 </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add </div>	
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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)(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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 60B, Florida Statutes.

SIGNATURE: A Morgan Williams 5-105 850 769-2341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #